

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7501  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLARENCE

CLARDY

2. DATE  
OF  
DEATH

August 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

57 E. Heath St.

c. Length of stay in Baltimore

11 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Feb. 9, 1899.

9. AGE (In years last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Marine engineer

10B. KIND OF BUSINESS OR INDUSTRY

Md Drydock.

11. BIRTHPLACE (State or foreign country)

Farmerville, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Clardy.

14. MOTHER'S MAIDEN NAME

Ora Belle Lampker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

140-01-281

17. INFORMANT

ADDRESS

Margaret F. Clardy, 57 E. Heath St.

18.

E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolus

DUPLICATE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of right tibia and fibula

DUPLICATE

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Hanover and Barney Streets

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Aug. 24, 1951 2:40 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Williams

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 31, 1951

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

A. A. Co.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 29 1951

REGISTRAR'S SIGNATURE

William W. Williams

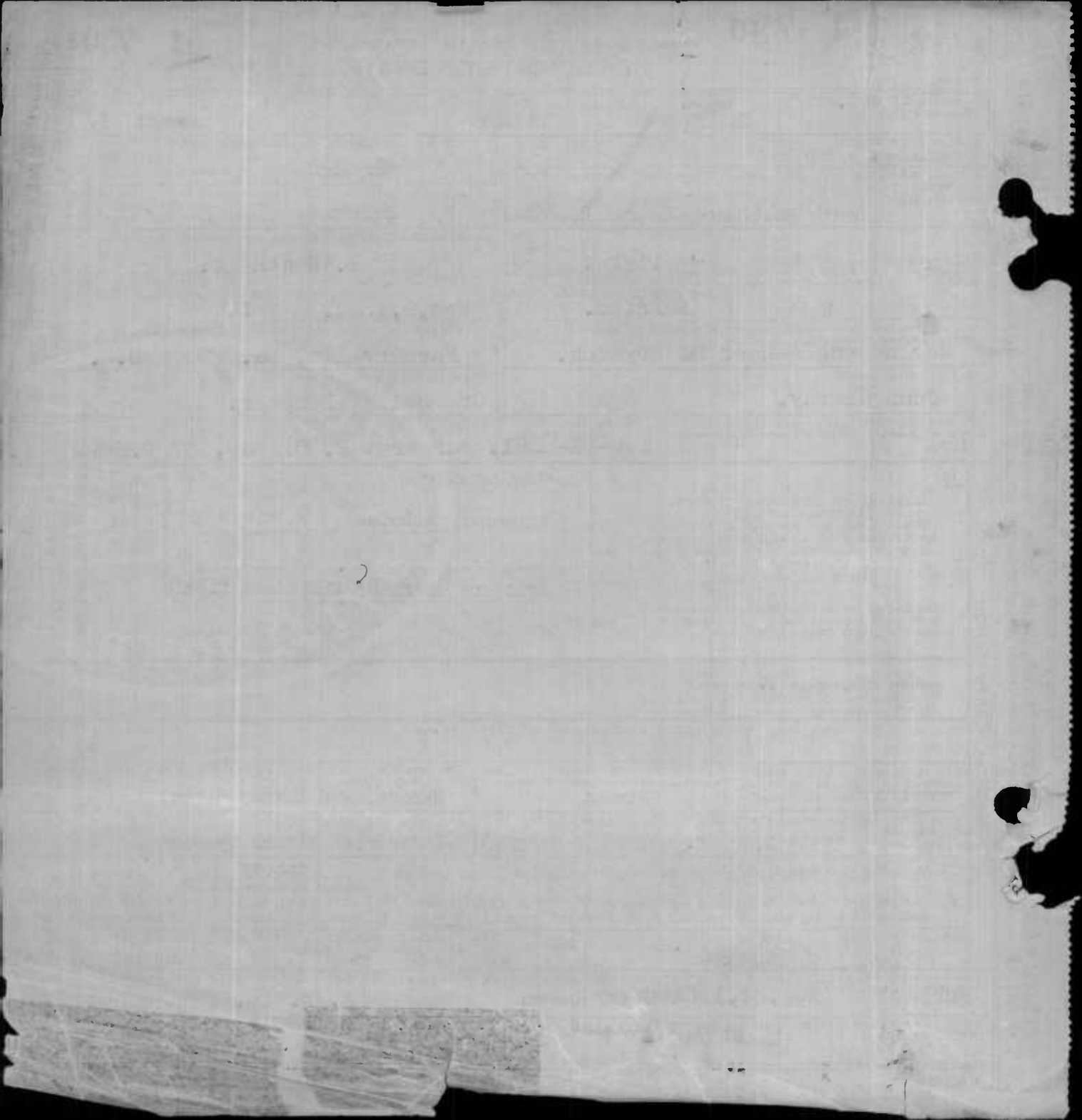
25. FUNERAL DIRECTOR

A. Howard Evans

ADDRESS

1400 S. Charles St.

VS 151





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-1-51 to 8-27-51, that I last saw the deceased alive on 8-27-51, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

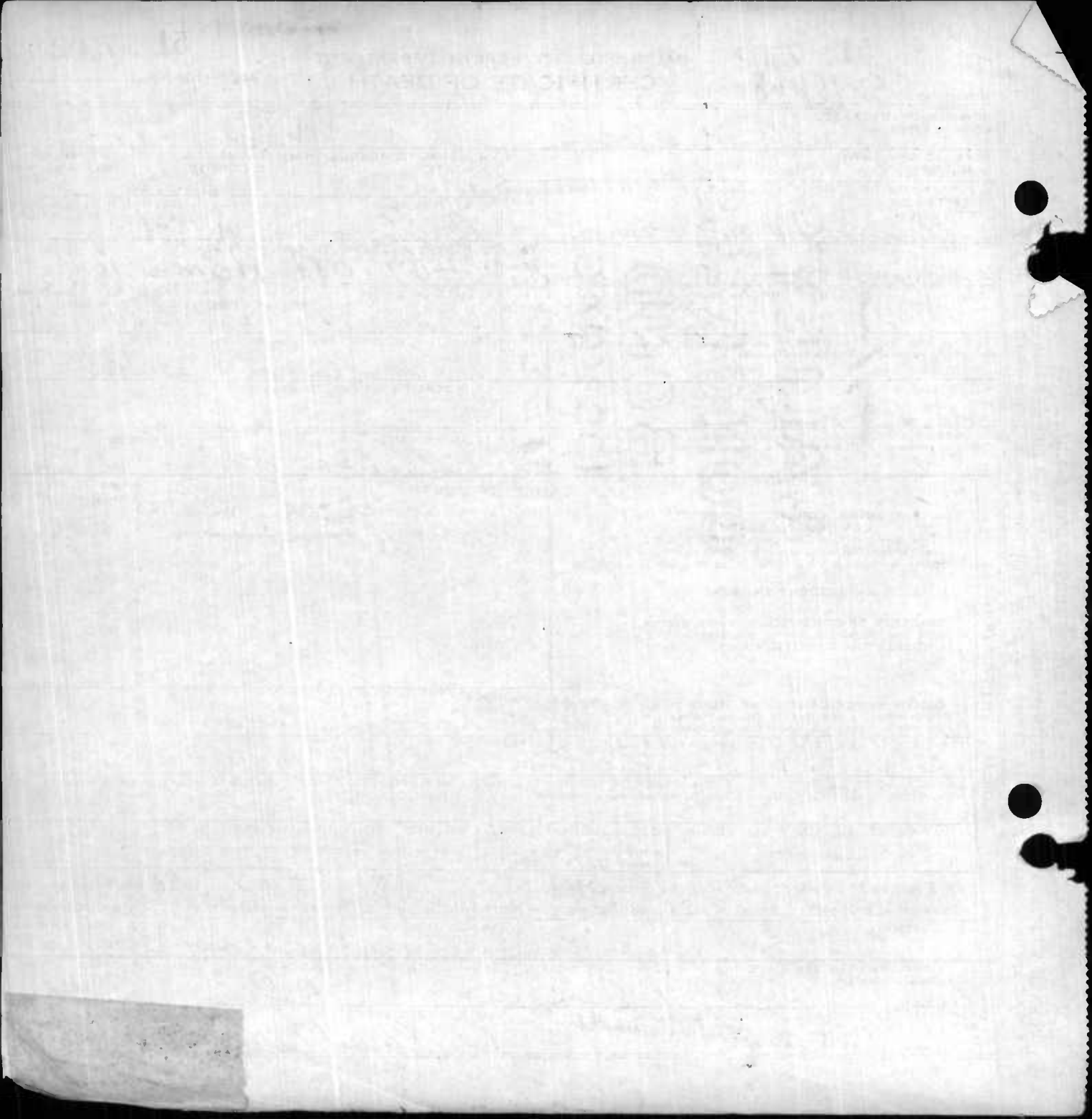
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

000

51 7503

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7503

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

John B. Shea

2. DATE  
OF  
DEATH

Aug 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Home

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

2309 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-06

D. STREET ADDRESS (If rural, give location)

2309 Edmondson Ave

C. Length of stay in Baltimore

1 1/2 yrs

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 8, 1865

9. AGE (in years,  
last birthday)

86

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Belgian

10B. KIND OF BUSINESS OR  
INDUSTRY

U.S. Govt

11. BIRTHPLACE (State or foreign country)

Wash. D.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Walter Shea

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

John B. Shea, 2309 Edmondson Ave

18. 290.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Periculous Anemia

July 15

DUE TO

(B)

Prostatic Hypertrophy, Benign  
Arteriosclerosis, Generalized

Aug 28

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐

NOT WHILE ☐

AT WORK

AT WORK

22. I hereby certify that I attended the deceased from Aug 25, 1951, to Aug 28, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 8:04 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Francis L. Grumbras

M. D.

23B. ADDRESS

114 Medical Arts Aug 28, 1951

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8-30-51

Glennwood

Washington D.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

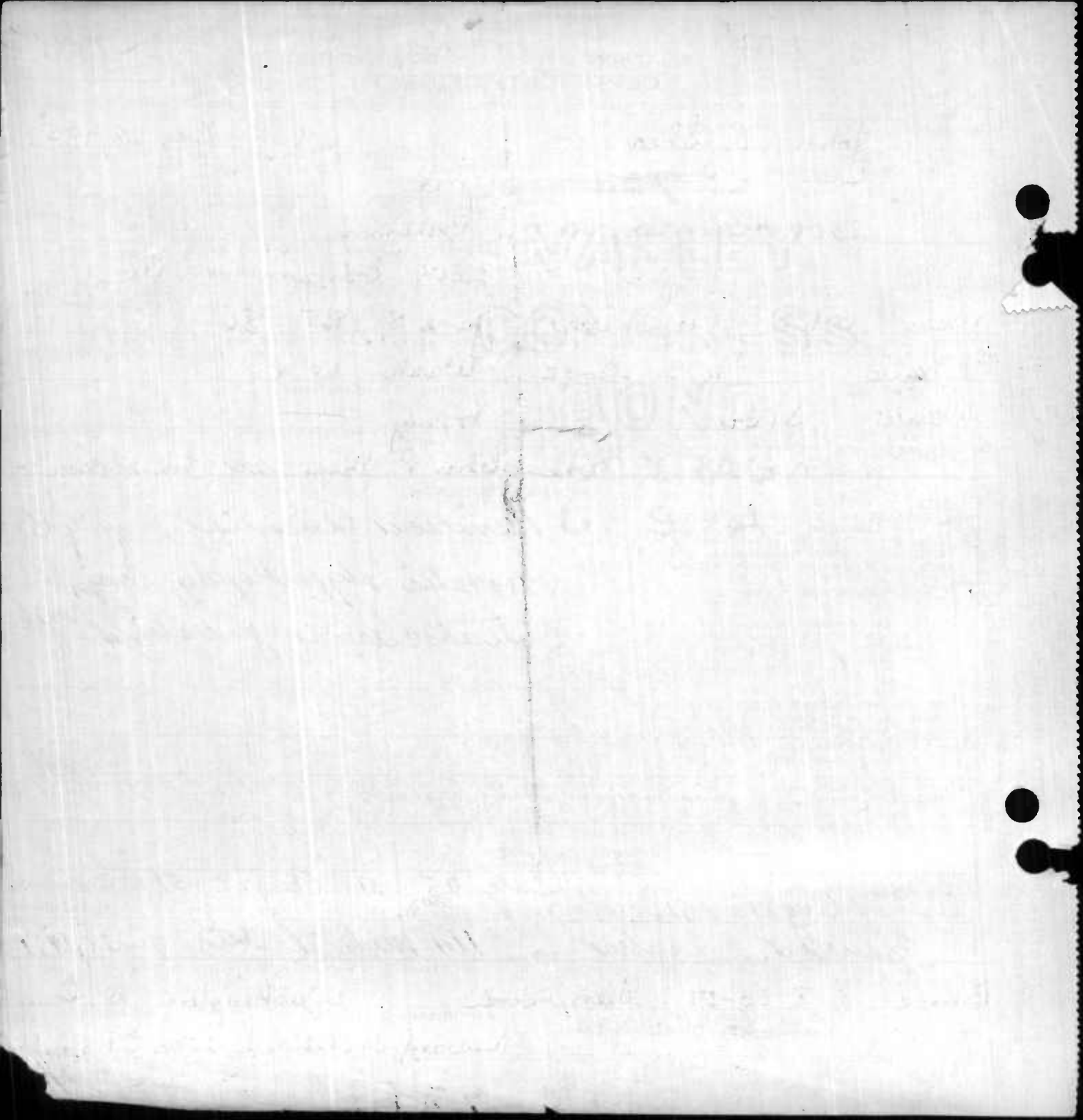
AUG 29 1951

Howard H. Hubbard, 2503 Edmondson Ave

VS 150

1951 10 20 7 48 0

730



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>William W. Knode Sr</i>		2. DATE OF DEATH <i>8/28/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3933 Edmondson Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 20-07</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>3933 Edmondson Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan. 26-1876</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>75</i>
<i>Retired salesman</i>		<i>Hochschild Kohn</i>	11. BIRTHPLACE (State or foreign country) <i>Funkstown Md.</i>
13. FATHER'S NAME <i>John L. Knode</i>		14. MOTHER'S MAIDEN NAME <i>Virginia Spieelman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>John L. Knode</i>		ADDRESS <i>1731 W. Pratt St.</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Cerebral hemorrhage</i> DUE TO <i>hypertension</i> (B) <i>arteriosclerosis</i> DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION <i>hypostatic pneumonia</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *1947*, 19*51*, to *8/28*, 19*51*, that I last saw the deceased alive on *8/28*, 19*51*, and that death occurred at *5:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. Whaley</i>	23B. ADDRESS <i>3921 Edmondson Ave</i>	23C. DATE SIGNED <i>8/29/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/31/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 29 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, Md</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc. 1217 St. Paul St</i>

VS 150

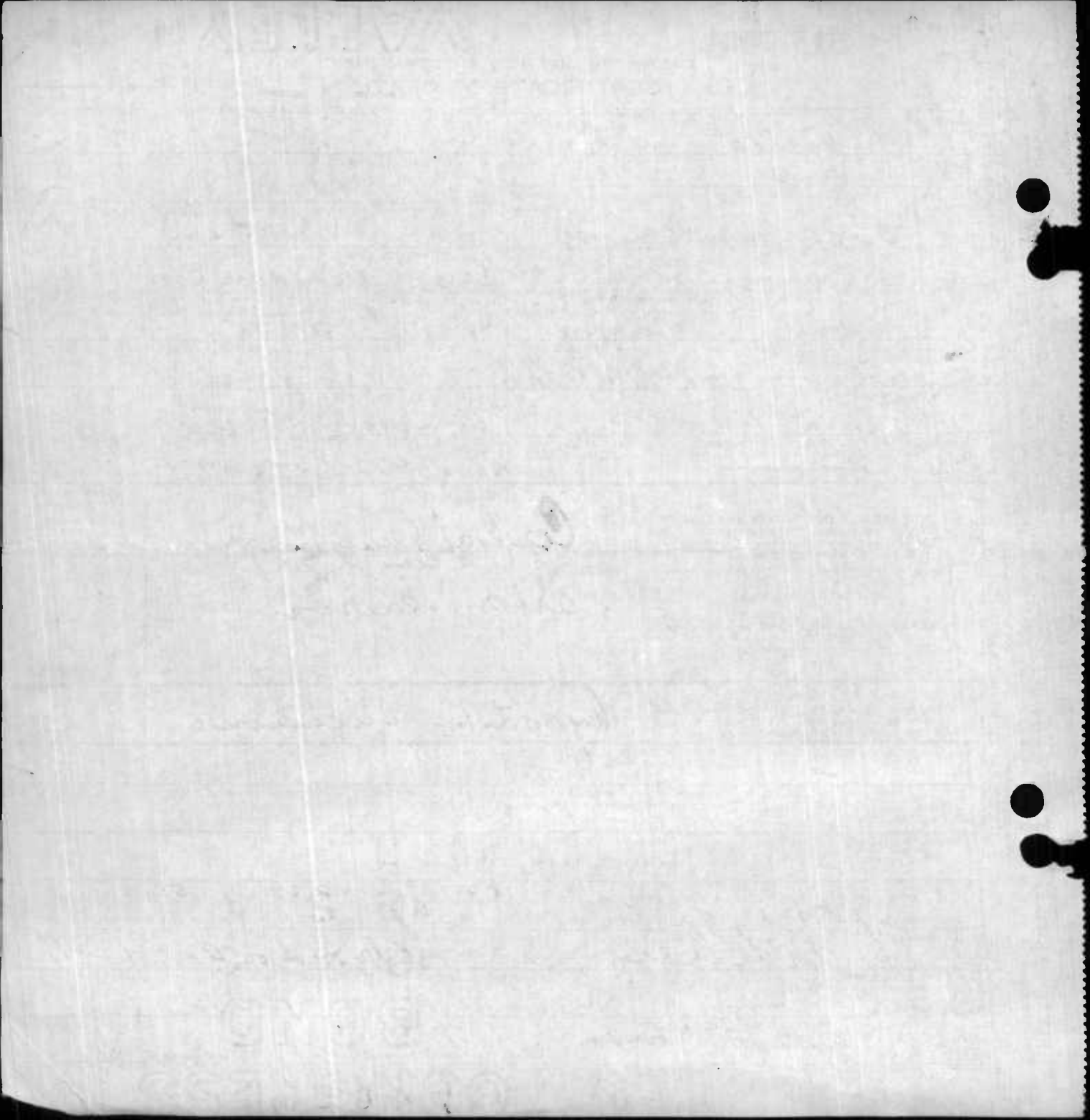
510007400

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.





PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

540

51 7505

51 7505

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

ND-58335

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>William Donnelly</b>			2. DATE OF DEATH <b>August 27, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>B.C.H. 4940 Eastern Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct. 20, 1871</b>	9. AGE (In years last birthday) <b>79</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Helper - in Pharmacy</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. City Hosp.</b>		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <b>John Donnelly</b>			14. MOTHER'S MAIDEN NAME <b>Mary Welch</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>			ADDRESS _____		

18. <b>4 yr. 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular Disease</b> DUE TO (A) _____ (B) _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH <b>Over 1 Yr.</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Bronchiectasis</b> DUE TO (A) _____ (B) _____ (C) _____			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Bronchiectasis</b>		
19A. DATE OF OPERATION <b>7</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-13</b> , 19 <b>40</b> , to <b>8-27</b> , 1951, that I last saw the deceased alive on <b>8-27</b> , 19 <b>51</b> and that death occurred at <b>1:35 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>G. S. Rogers</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>8-28-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>8/30/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Parkville, Maryland</b>		24E. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		24F. ADDRESS <b>1217 St. Paul Street</b>	

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

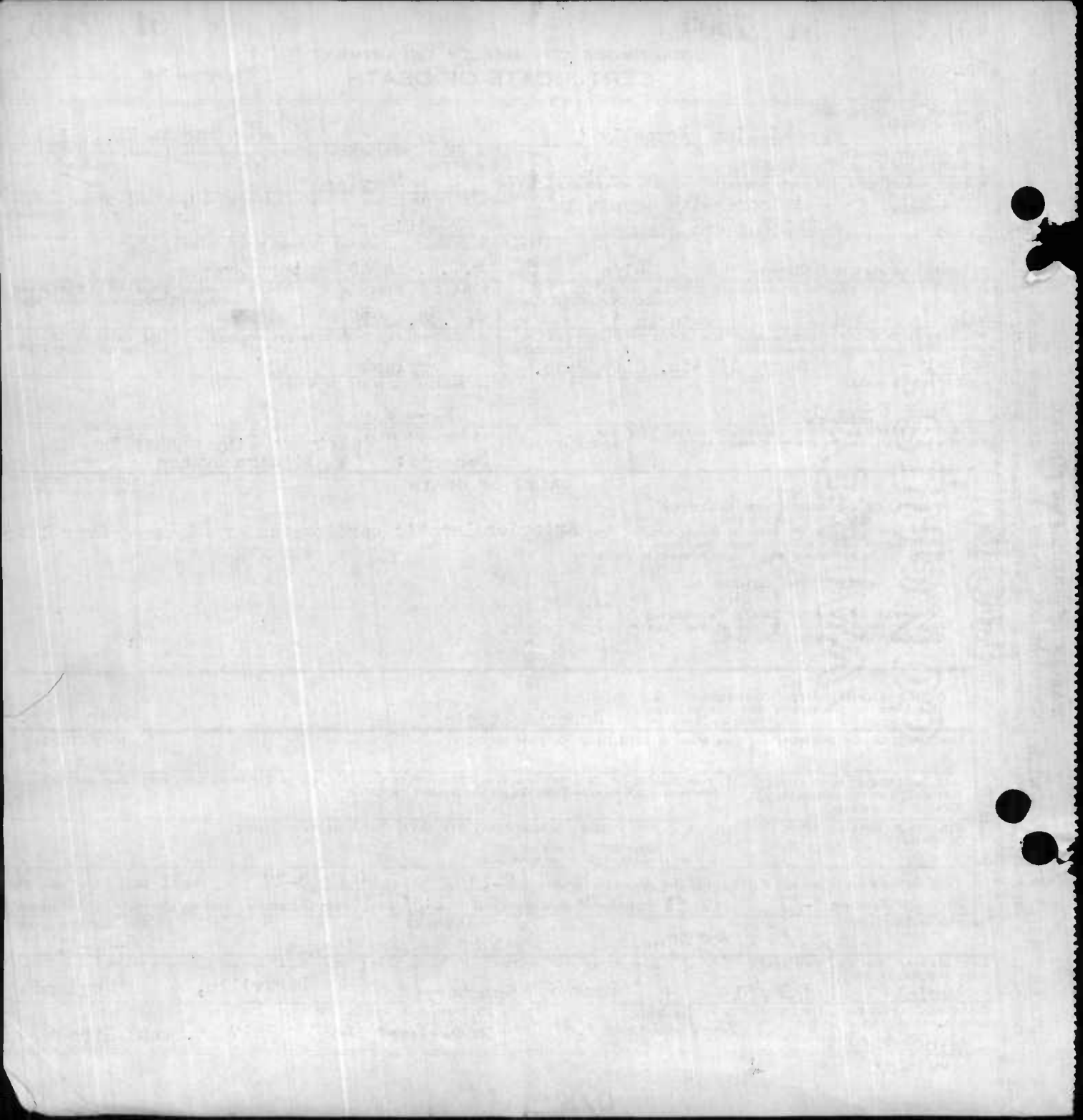
AUG 29 1951

VS 150

175100

937





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7506

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDWARD DAWSON

2. DATE  
OF  
DEATH

8/28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2701 Fenwick Ave - 18

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 13 1880

9. AGE (In years last birthday)

71

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR INDUSTRY

City of Balto.

11. BIRTHPLACE (State or foreign country)

Wash D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Dawson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Earl W. Moore 43204 Tisbury Rd.

18.

4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-respiratory failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebro-vascular accident

DUE TO

(C) arterio-sclerotic C.V.D.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

-

19B. MAJOR FINDINGS OF OPERATION

-

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

-

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

-

21C. WHERE DID INJURY OCCUR?

-

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

-

21E. INJURY OCCURRED

-

21F. HOW DID INJURY OCCUR?

-

22. I hereby certify that I attended the deceased from 8-28-51, to 8-28-51, that I last saw the deceased alive on 8-28-51, and that death occurred at 10:10 AM, from the causes and on the date stated above.

23A. SIGNATURE

A. M. Green

23B. ADDRESS

Md. In Hosp

23C. DATE SIGNED

8-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/31/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR

AUG 29 1951

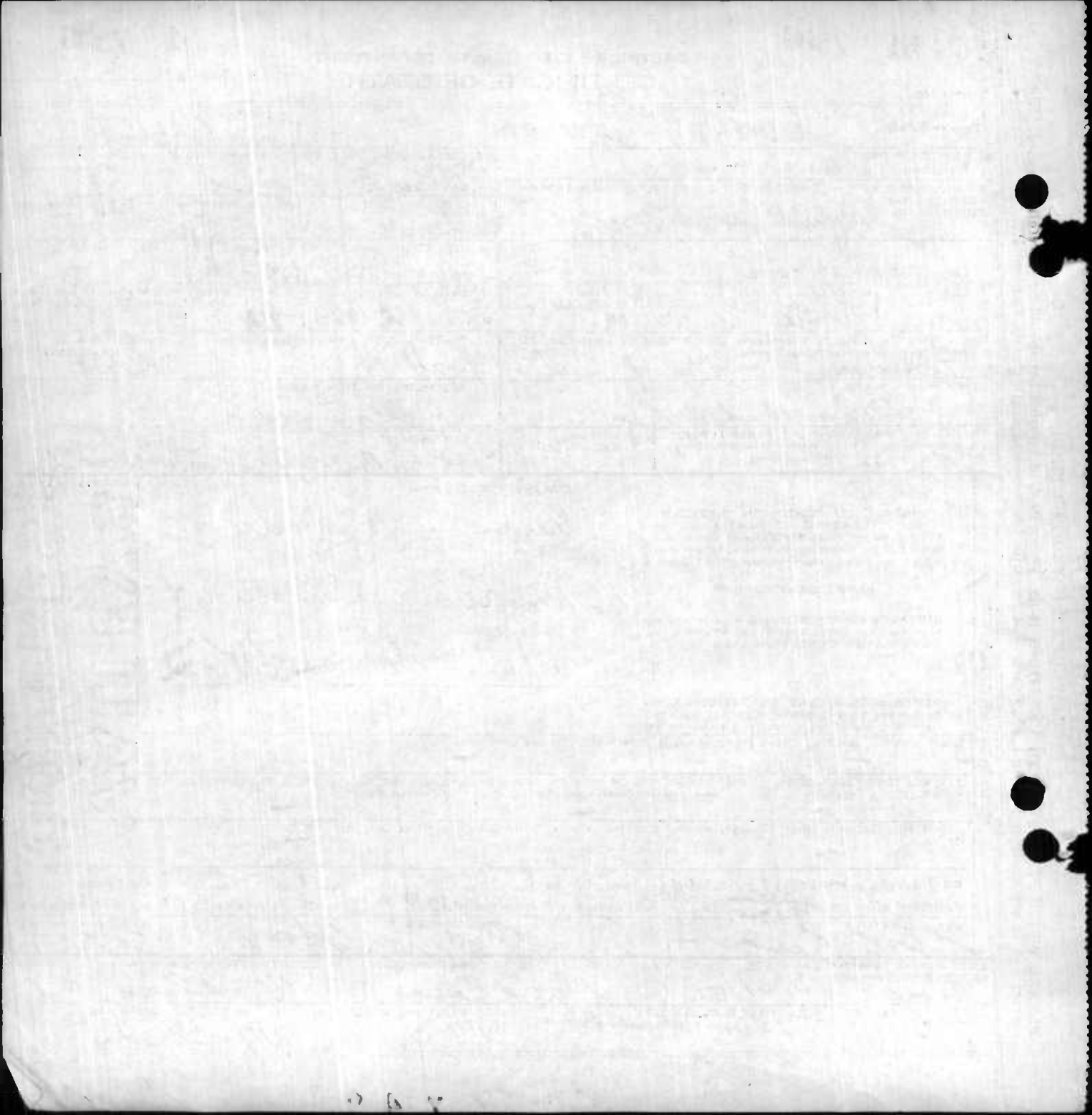
REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St. Paul St

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ERNEST

SANDERS

2. DATE  
OF  
DEATH

August 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1530 Mt. Royal Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/13/1909

9. AGE (In years  
last birthday)

41

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10 15

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR  
INDUSTRY

Welder

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Cal Sanders

14. MOTHER'S MAIDEN NAME

Ollie Bowers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Q. Sanders 1530 Mt. Royal Ave

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

M.D.

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

August 28, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

8/30/51

24C. NAME OF CEMETERY OR CREMATORY

Pound

24D. LOCATION (City, town, or county)

Pound, Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

AUG 29 1951

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

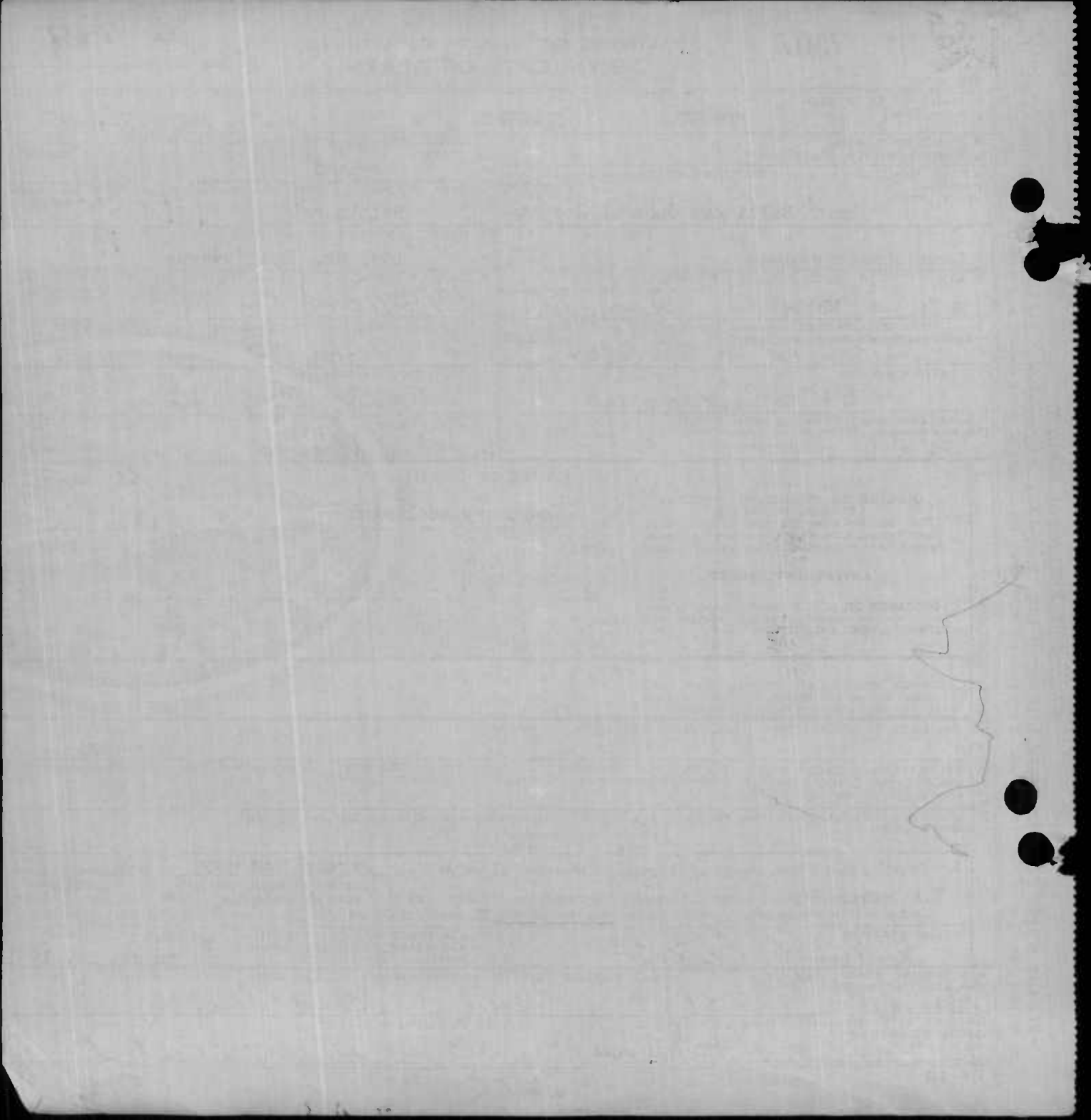
ADDRESS

Cook Inc. 1217 St. Paul St

VS 151

625 34

94a



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Ralph E. Martin

2. DATE  
OF  
DEATH

August 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3145 Elmora Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

3145 Elmora Avenue

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

April 24, 1879

9. AGE (In years  
last birthday)

72

11 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Motion Picture Operator Rome Theater Company

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Martin

14. MOTHER'S MAIDEN NAME

Emma Garmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL  
SECURITY NO.  
216-05-4612

17. INFORMANT ADDRESS  
Mrs. Aimee E. Martin, 3145 Elmora Avenue

18. 179X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

*Carcinoma of Scrotum*

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to Aug 28, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial

24B. DATE  
8/31/51

24C. NAME OF CEMETERY OR CREMATORY  
Moreland Park Cemetery

24D. LOCATION (City, town, or county) (State)  
Parkville, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1951

*Wm. Cook, Inc.*

1217 St. Paul Street

VS 150

5628K

51a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



VALLEY  
CONCRETE  
BOND



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Alice Franz

2. DATE  
OF  
DEATH

8-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1773 Montpelier St. Balto. Md.

c. Length of stay in Baltimore

64 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-10-87

9. AGE (in years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Frank J. Eastwood

14. MOTHER'S MAIDEN NAME

Mary Douglass

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Regina F. Raubach

ADDRESS

2742 E. Biddle St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

6 months

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7-51, 1951, to 8-28-51, 1951, that I last saw the deceased alive on 8-28-51, 1951, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Davis Elgarto

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

8-28-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept-14-1951

Holy Redeemer

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

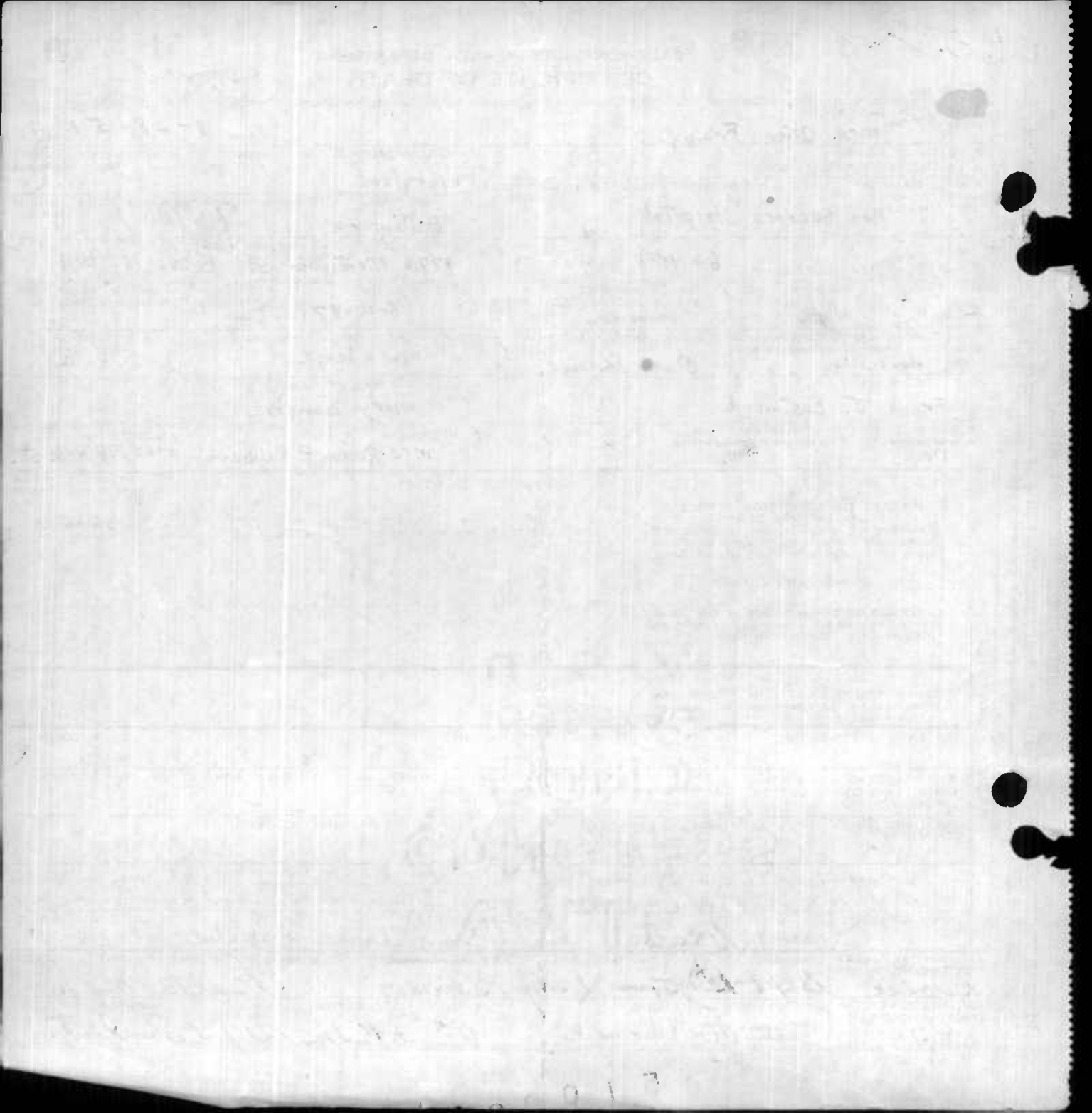
25. FUNERAL DIRECTOR

ADDRESS

AUG 29 1951

Huntington Williams, M.D.

Wm Cook Inc 1217 St. Paul St.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

51 7510

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) John W. Munck.

2. DATE  
OF  
DEATH 8/25/51

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY 19-04

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore City

D. STREET ADDRESS (If rural, give location)  
1749 Wilkens Ave

c. Length of stay in Baltimore Life Yrs. Mos. Days

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH 6/11/1901

9. AGE (in years last birthday) 50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Shipyard

10B. KIND OF BUSINESS OR INDUSTRY  
Western-Ind-Gen

11. BIRTHPLACE (State or foreign country)  
Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?  
USA

13. FATHER'S NAME  
John W. Munck

14. MOTHER'S MAIDEN NAME  
Elizabeth Chambers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
2-6-10-8469

17. INFORMANT

ADDRESS

18. 572.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

25 hours

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

DUE TO

(C) \_\_\_\_\_

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Emboli

15 hours

19A. DATE OF OPERATION 8/24/51

19B. MAJOR FINDINGS OF OPERATION  
Diverticulitis of sigmoid colon

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/25, 1951, to 8/25, 1951, that I last saw the deceased alive on 8/25, 1951, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE Joseph C. Fitzgerald

23B. ADDRESS Univ. Hosp.

23C. DATE SIGNED 8/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE Aug-29-51

24C. NAME OF CEMETERY OR CREMATORY Linden Park

24D. LOCATION (City, town, or county) (State) Baltimore - Md

DATE RECEIVED BY LOCAL REGISTRAR AUG 29 1951

REGISTRAR'S SIGNATURE Thurston Williams, M.D.

25. FUNERAL DIRECTOR F. B. Whitbeck & Son

ADDRESS

VS 150

49063

74

123 07

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2047

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 7511

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

NORMAN L. CUSHING

2. DATE  
OF  
DEATH

Aug 27. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

South BALTIMORE General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3303. Star Schuck. St.

c. Length of stay in Baltimore

20 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 26. 1902

9. AGE (in years  
last birthday)

49.

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

TRUCK DRIVER

10B. KIND OF BUSINESS OR  
INDUSTRY

HAULING

11. BIRTHPLACE (State or foreign country)

Carroll County Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Joshua Cushing

14. MOTHER'S MAIDEN NAME

Lillian Gracey.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.  
317-01-7415

17. INFORMANT

Lillian Cushing 3303 Schuck. St.

ADDRESS

18. 4200 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral embolism

INTERVAL BETWEEN  
ONSET AND DEATH

a few days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Rheumatic heart disease

years

(C)

Arteriosclerosis heart disease

years

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 8-25-1951, to 8-27-1951, that I last saw the  
deceased alive on 8-27-1951, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Agustino del Campo

23B. ADDRESS

1213 Light St. Balt Md

23C. DATE SIGNED

8-27-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial.

24B. DATE

Aug 31. 1951.

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Eastern ave.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

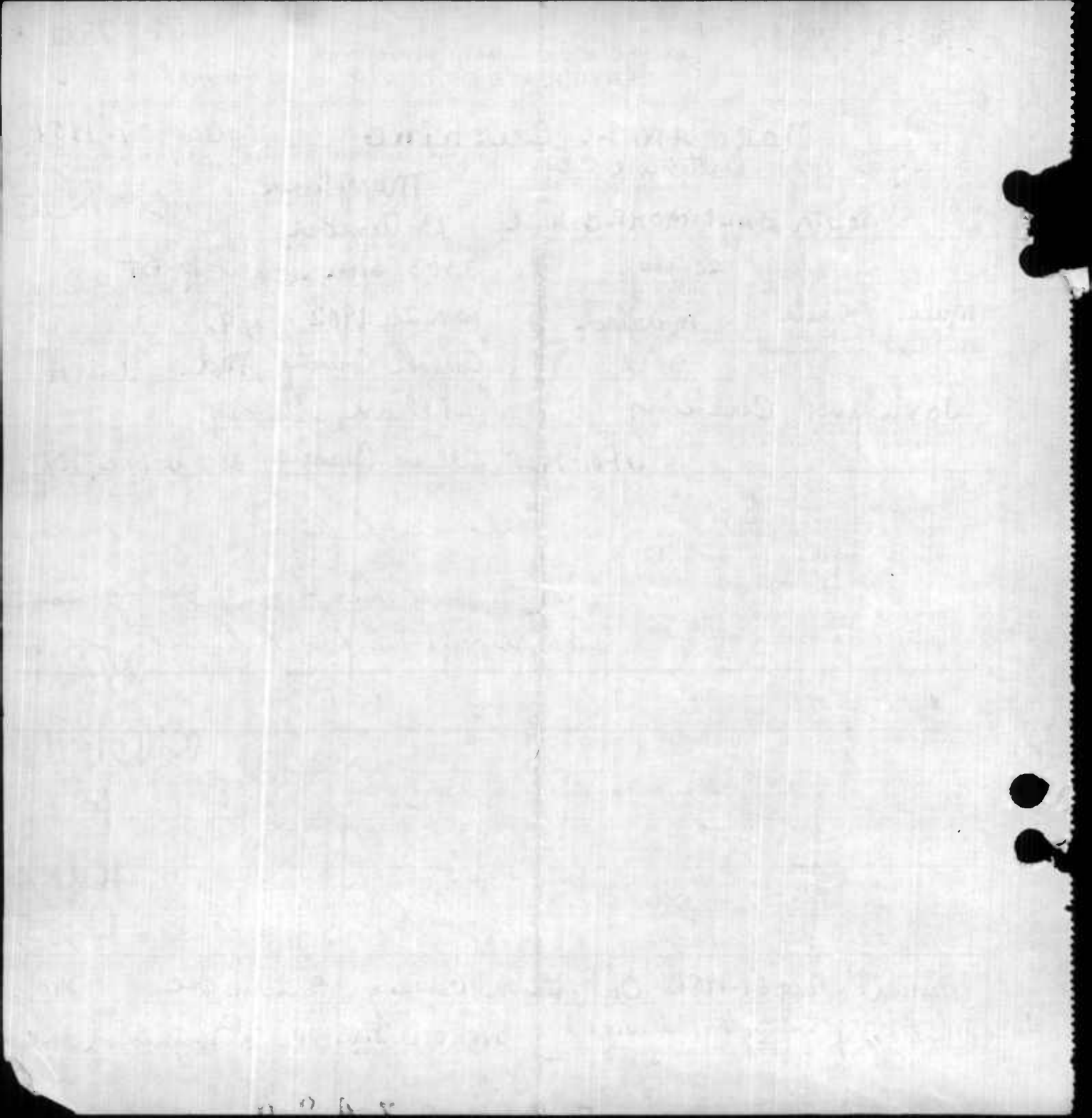
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WENDELL J. DIPPEL 312 Highland ave.

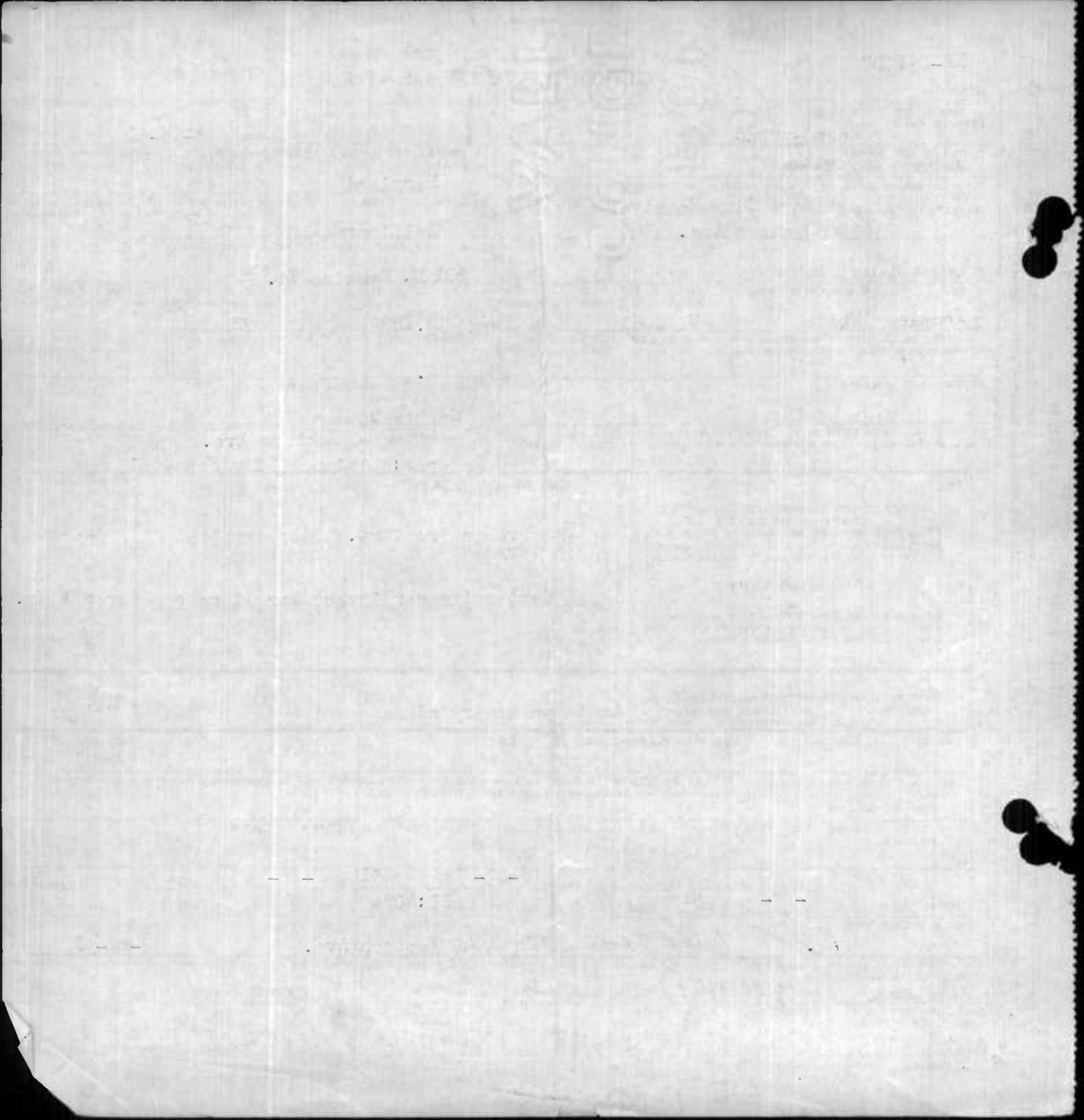
ADDRESS











R-163

51 7513

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7513

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ADA T. ROBERTS

2. DATE  
OF  
DEATH

Aug. 27, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

635 N. Bentalou Street

C. CITY OR TOWN (If outside corporate limits, write U.S. and give township)  
Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
635 N. Bentalou St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Oct. 8, 1883

9. AGE (in years  
last birthday)

67

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John H. Crispens

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Henry H. Ahrens - 3541 Horton Ave. #25

18.

470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

3 hrs

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1947 to 8/27, 1951, that I last saw the  
deceased alive on 8/27, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Mendelis M. D.

23B. ADDRESS

651 N Bentalou

23C. DATE SIGNED

8/28/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/30/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

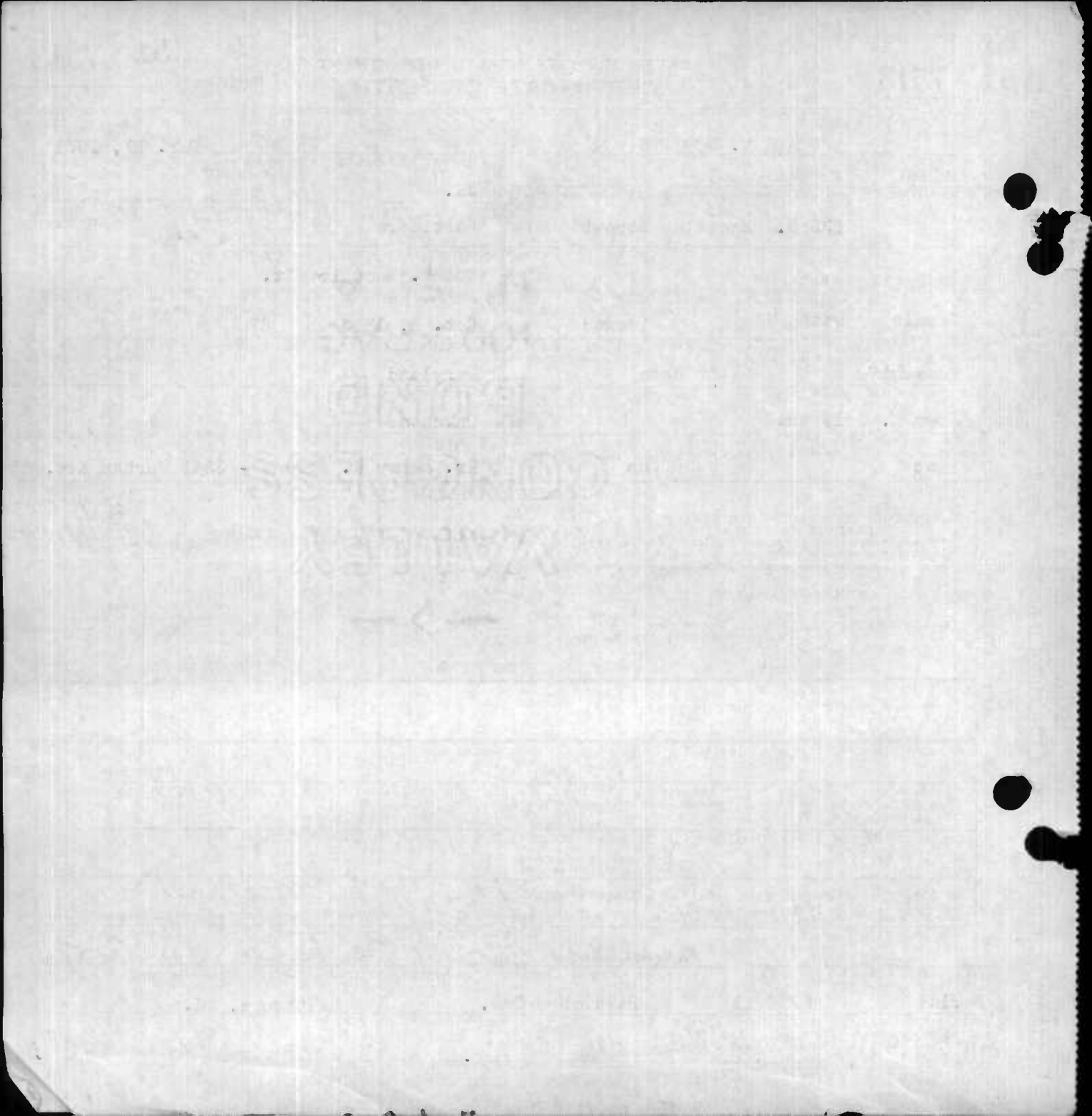
L. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Dr. J. T. Lickner &amp; Sons - Balt.

AUG 29 1951



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7514  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John D. Primrose

2. DATE  
OF  
DEATH

Aug. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3025 Windsor Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Windsor Rest Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
111 S. Fulton Ave.

c. Length of stay in Baltimore Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

March 6, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days Hours: Min.  
5 22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Machinist

10B. KIND OF BUSINESS OR INDUSTRY  
Bartlett-Hayward

11. BIRTHPLACE (State or foreign country)  
Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William G. Primrose

Coppers Division

14. MOTHER'S MAIDEN NAME

Margaret Deneker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
no no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wendell B. Primrose Jr.

18.

450.0  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Bronchopneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, general

DUE TO

20 years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1948, to August 28, 1951, that I last saw the deceased alive on Aug. 28, 1951, and that death occurred at 7:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

23B. ADDRESS

3048 W. North Ave.

23C. DATE SIGNED

Aug. 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 31, 1951

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY REGISTRAR'S SIGNATURE

AUG 29 1951

25. FUNERAL DIRECTOR

ADDRESS

Geo. A. Cole, 1913 W. Balto. St.

STATE OF NEW YORK  
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51 7515

51 7515

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Carrie Etta Thomas.

2. DATE  
OF  
DEATH

Aug. 27, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

519 N. Pine St.

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

519 N. Pine St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 20, 1887

9. AGE (in years  
last birthday)

64

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md..

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Daniel Witney

14. MOTHER'S MAIDEN NAME

Rosetta Witney.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Annie Mae Thomas. 519 N. Pine St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) \_\_\_\_\_  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) \_\_\_\_\_

CAUSE OF DEATH

Uremia

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

(B) \_\_\_\_\_  
DUE TO

Renal Impairment

1 yr

(C) \_\_\_\_\_  
DUE TO

Hypertension

3 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1951, to 8/27, 1951, that I last saw the  
deceased alive on 8/27, 1951, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

E. C. Walden

23B. ADDRESS

753 Henge St

23C. DATE SIGNED

8/28/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

8/30/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams, Schroeder St.

ADDRESS

322 N.

VS 150

133B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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LAND OFFICE

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LAND OFFICE

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51 7516BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7516

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thomas White

2. DATE  
OF  
DEATH

8/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University Hospital

c. Length of stay in Baltimore

7

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give  
township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

707W Saratoga St.

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

1917

9. AGE (in years  
last birthday)

34

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

gen.

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Willard White

14. MOTHER'S MAIDEN NAME

Rosa Cold

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

(uncle) Maynard Gohl

ADDRESS  
Grindee Ct  
Fairfield Md

18. 292.6

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, assthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

19 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Sickle cell anemia

1. Fe

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Left Arteriogram

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1951, to 8/27, 1951, that I last saw the  
deceased alive on 8/27, 1951, and that death occurred at 6:40 m., from the causes and on the date stated above.

23A. SIGNATURE

R.D. Richardson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8/27/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/31/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

24D. LOCATION (City, town, or county)

Lansdowne Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

AUG 29 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N  
Schuylkill

VS 150

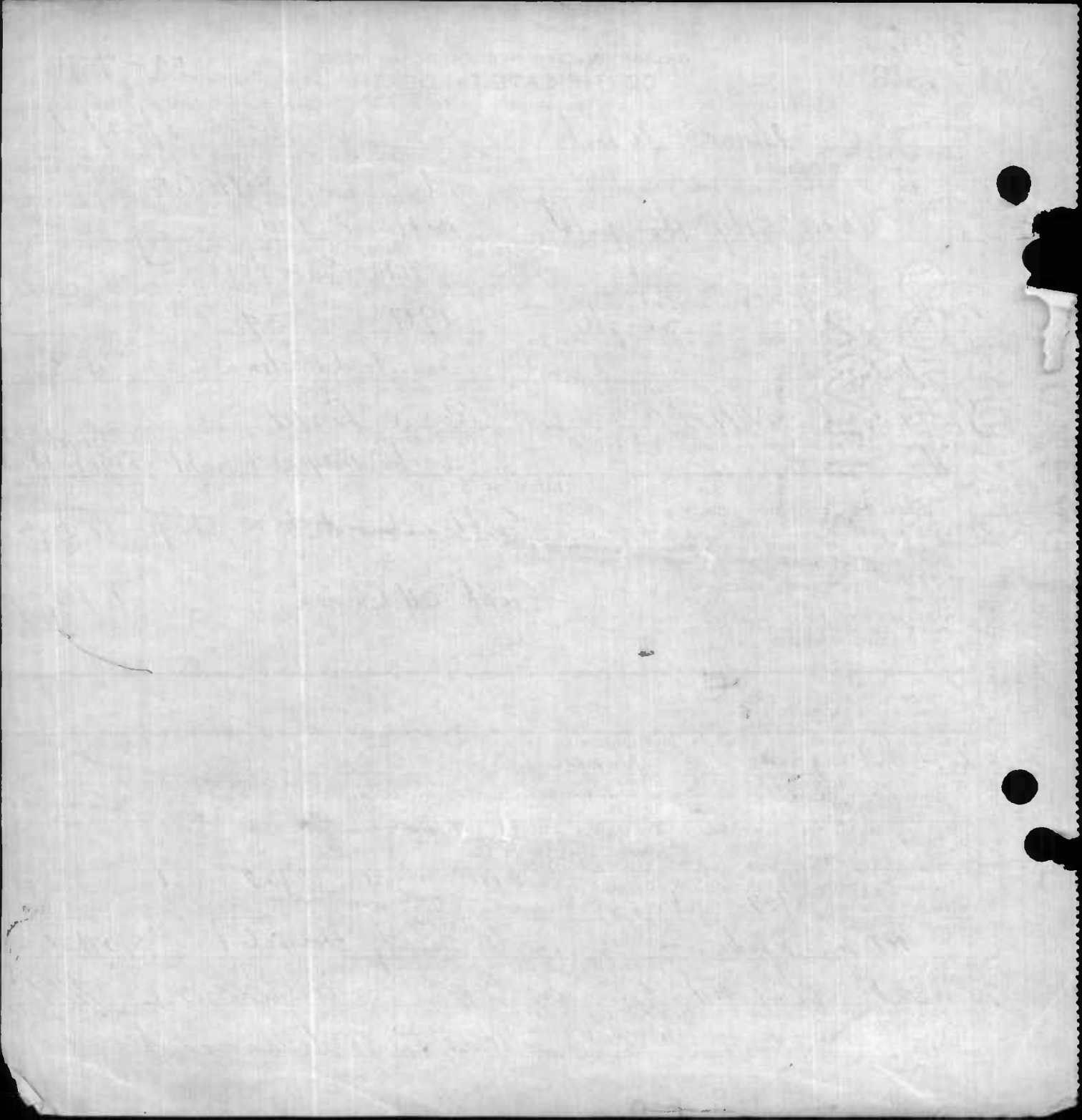
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **51 7517**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**MICHAEL B. KLOCEK**2. DATE OF DEATH  
**August 27, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
**Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION**University Hospital**C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
**Baltimore**D. STREET ADDRESS (If rural, give location)  
**3715 Foster Ave. 1st**

c. Length of stay in Baltimore

**Life**Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Divorced**

8. DATE OF BIRTH

**Feb. 8, 1914**

9. AGE (In years last birthday)

**37**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Bottling Dept.**

10B. KIND OF BUSINESS OR INDUSTRY

**Gunther Brewing Co.**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Gregory Klocek**

14. MOTHER'S MAIDEN NAME

**Agnes Feret**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No****No**

16. SOCIAL SECURITY NO.

**212-01-9131**

17. INFORMANT

ADDRESS

**Mrs. Benjamin Borowski 622 S. Curley St.**

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary artery sclerosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Stanley H. Durea**23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**August 27, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**August 30, 1951**

24C. NAME OF CEMETERY OR CREMATORY

**St. Stanislaus Cemetery**

24D. LOCATION (City, town, or county)

**Dundalk Ave., Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**William H. Williams, M.D.**

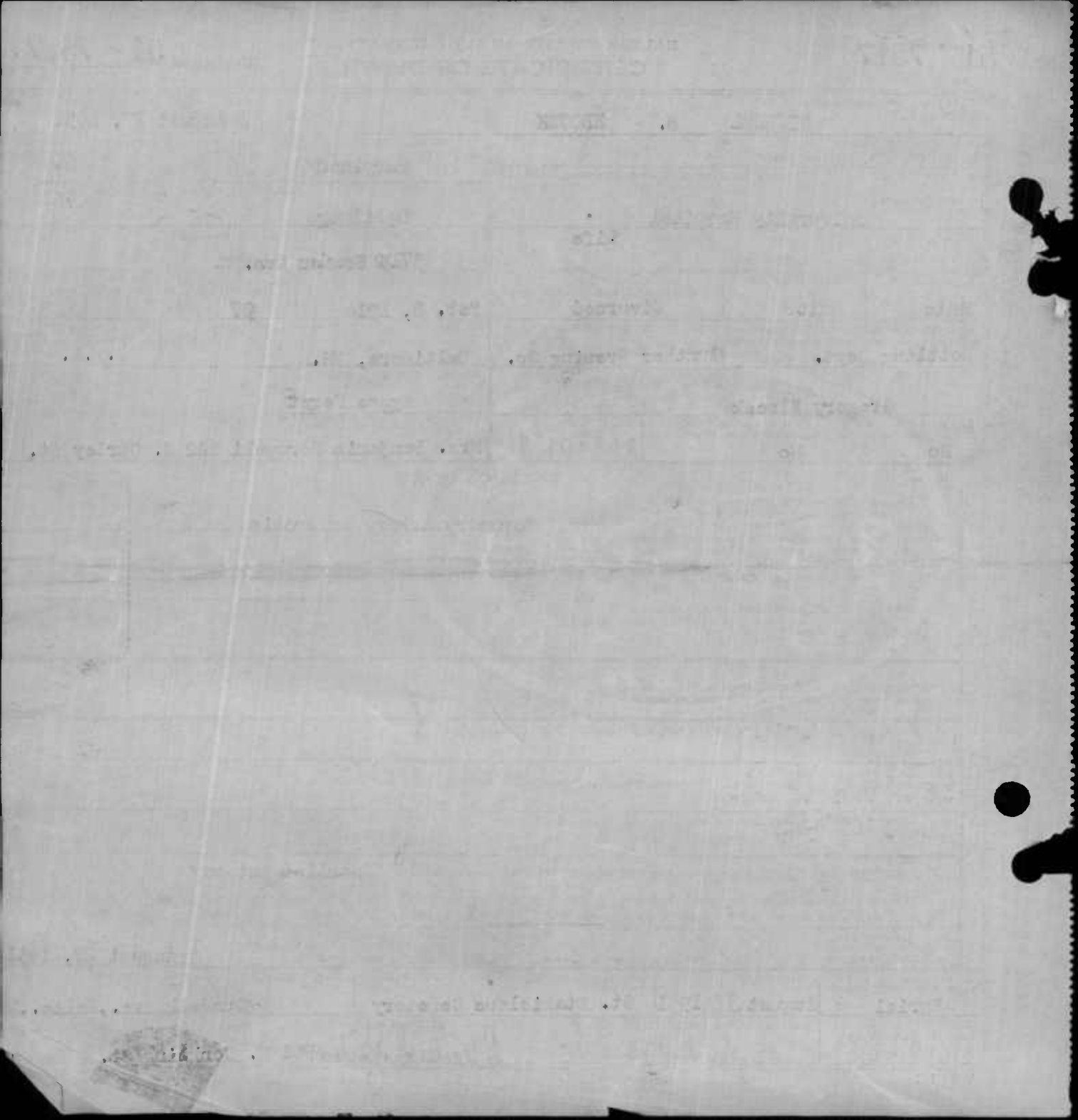
25. FUNERAL DIRECTOR

ADDRESS

**Charles S. Gailer 901 S. Conkling St.**

V S 151

**69046****94a**



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**Catherine Beyer**

2. DATE OF DEATH **Aug. 27/51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY \_\_\_\_\_

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**1905 Wilhelm St.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**1905 Wilhelm St.**

c. Length of stay in Baltimore **Life**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Widow**

8. DATE OF BIRTH

**Oct. 14, 1857**

9. AGE (In years last birthday)

**93**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**H. W.**

10B. KIND OF BUSINESS OR INDUSTRY  
**Own Home**

11. BIRTHPLACE (State or foreign country)  
**Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**-----Bentz**

14. MOTHER'S MAIDEN NAME  
**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mrs. Geo. Sparhawk, 1905 Wilhelm St.**

18. **332X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Cerebral Thrombosis**

CAUSE OF DEATH

(A) **Cerebral Thrombosis**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

**2 weeks**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

DUE TO

(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Chronic nephritis**

**Years**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 1**, 19**48**, to **Aug 27**, 19**51**, that I last saw the deceased alive on **Aug 27**, 19**51**, and that death occurred at **5A** m., from the causes and on the date stated above.

23A. SIGNATURE

**Edmundellis**

23B. ADDRESS

**651 N Bentz Ave**

23C. DATE SIGNED

**8/29/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Aug. 30/51**

24C. NAME OF CEMETERY OR CREMATORY

**Loudon Park, 3801 Frederick Rd. Balto. 29, Md.**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Harry A. Williams, M.D.**

25. FUNERAL DIRECTOR

**Harry A. Williams**

ADDRESS

**4101 Edmondson Ave**

VS 150

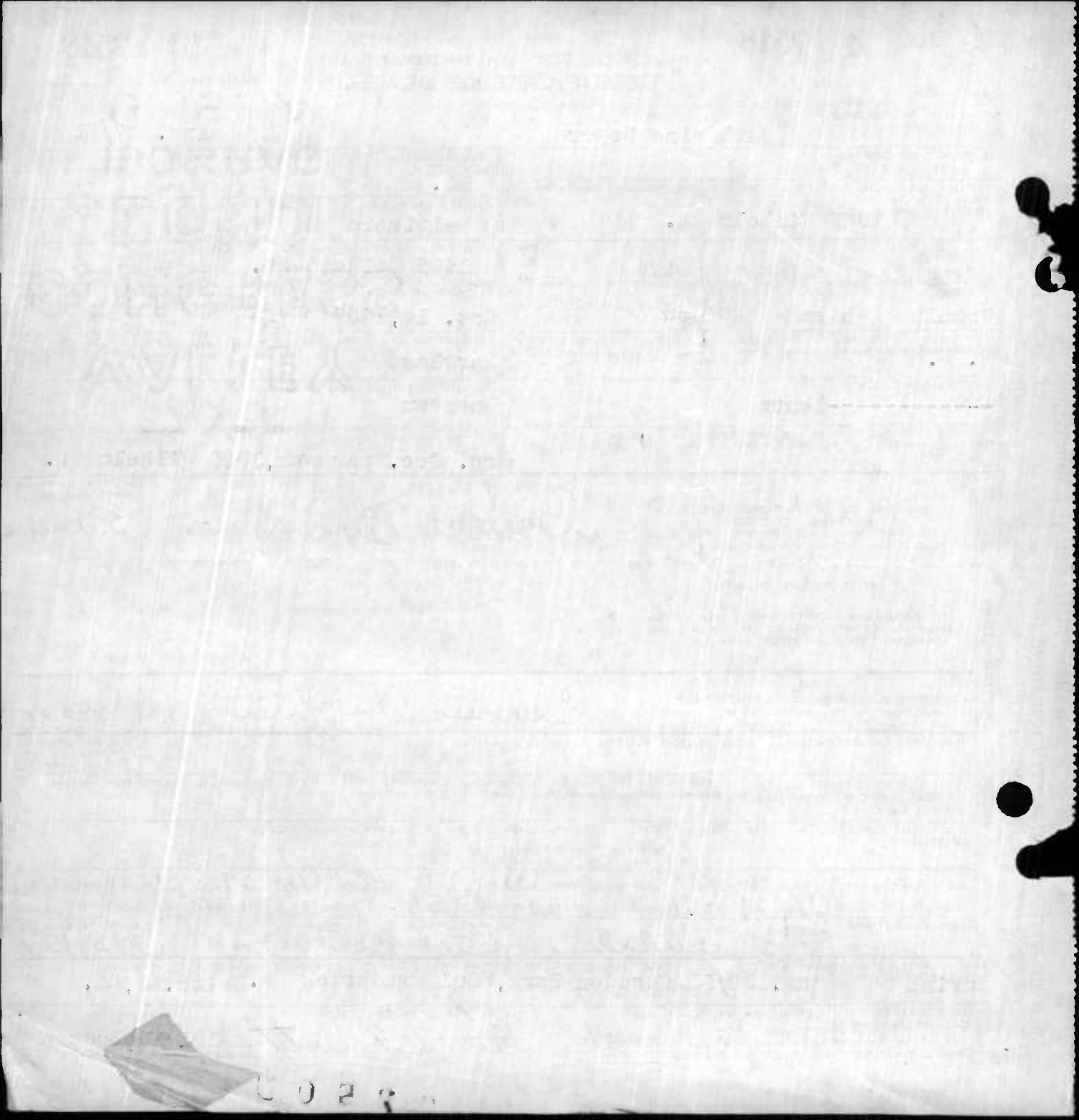
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**131R**

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7519  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

REVA

AMOS

2. DATE  
OF  
DEATH

August 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

D. C.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Washington

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

2

Mrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 16, 1930

9. AGE (In years  
last birthday)

21

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR  
INDUSTRY

U.S. Gov't

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

K. N. Mullin

14. MOTHER'S MAIDEN NAME

Eda Wireman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

280-26-3859

17. INFORMANT

K. N. Mullin

ADDRESS

Morengo Ohio

18.

E816-1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Intracranial hemorrhage

DUE TO fracture of skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Multiple lacerations, contusions,  
abrasions

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Washington Boulevard at Guilford 6300

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Aug. 27, 1951 9:30 P. m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒21F. HOW DID INJURY OCCUR? Passenger in auto  
which collided with tractor-trailer22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

August 29, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

Aug 29/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Marion Ohio

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Livingston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. White 4101 Edmond Ave

AUG 29 1951

N-803.2

350 910 007 504

11

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11



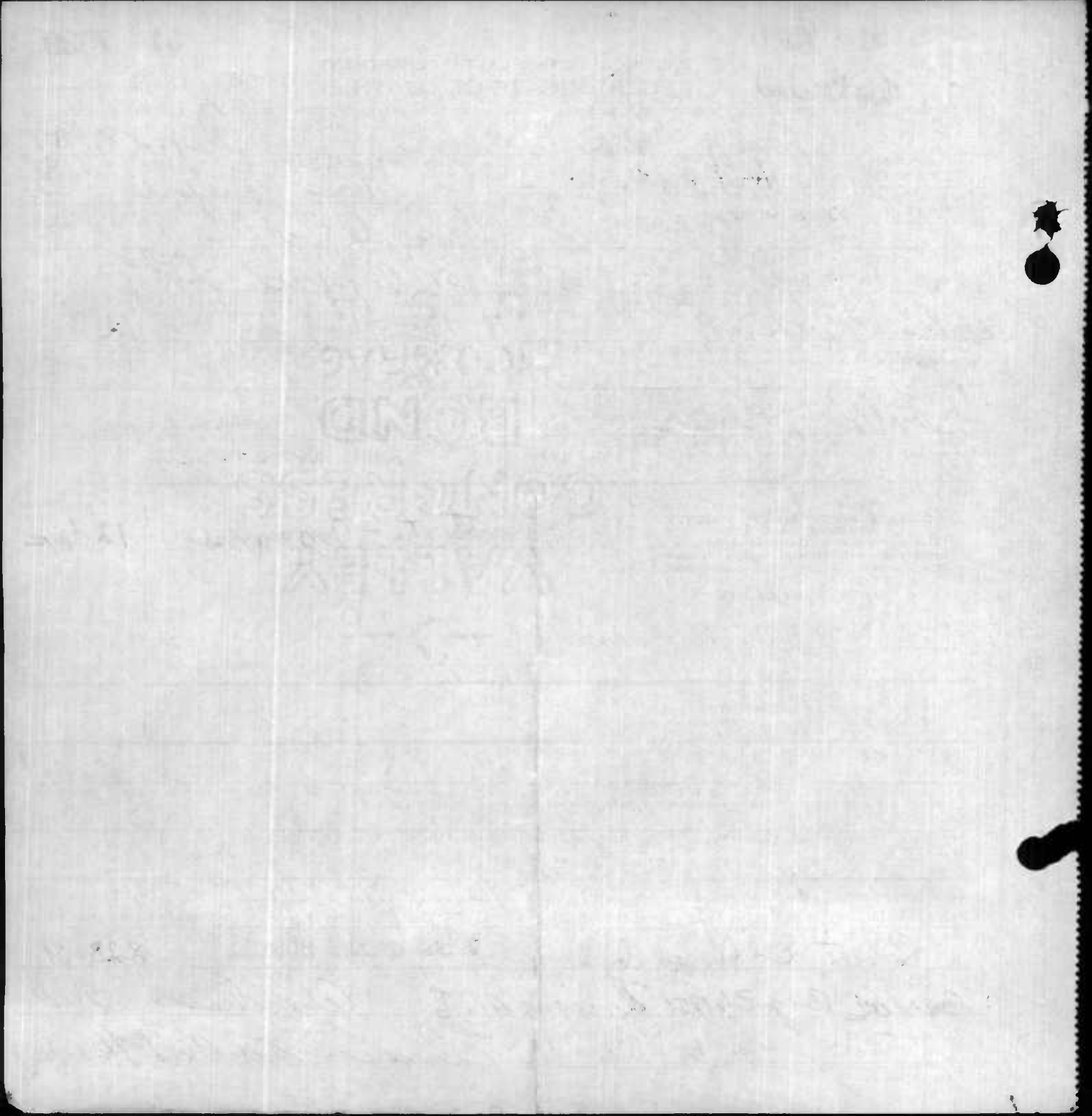
51 7520

51 7520

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. <i>616</i>		1. NAME OF DECEASED (Type or Print) <i>Baby Girl Draper</i>		2. DATE OF DEATH <i>Aug. 28, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>H. L. Plummer</i>		4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Harford</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Home de Grace</i>		D. STREET ADDRESS (If rural, give location) <i>517 Alliance St</i>	
c. Length of stay in Baltimore <i>12</i> Yrs. Mos. Days		8. DATE OF BIRTH <i>8-16-51</i>		9. AGE (In years last birthday) <i>12</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		14. MOTHER'S MAIDEN NAME <i>Marion Hawkins</i>	
13. FATHER'S NAME <i>Francis Draper</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)					
18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity - 700 grams</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i>	
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/16</i> to <i>8/28</i> , 1951, that I last saw the deceased alive on <i>8/28</i> , 1951, and that death occurred at <i>12</i> P.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. Appleby</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8-28-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Aug 31, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Union M. E.</i>	24D. LOCATION (City, town, or county) (State) <i>Aberdeen Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 30 1951</i>	REGISTRAR'S SIGNATURE <i>W. Williams</i>	25. FUNERAL DIRECTOR <i>Elmer E. Bell</i>		ADDRESS <i>Harford</i>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-19865

51 7521

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Robert E. Bryant Jr.</i>		2. DATE OF DEATH <i>Aug. 26, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Church Home &amp; Hospital</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home and Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-03</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1711 Eastern Avenue</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug. 24, 1951</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>-</i> If Under 1 Year Months: Days <i>- 1 22</i> If Under 24 Hours Hours Min. <i>-</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>ROBERT ELLIS BRYANT</i>		14. MOTHER'S MAIDEN NAME <i>EDITH MADORA JEWER</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Church Home &amp; Hospital</i>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Immaturity 26 wk. baby.</i>	CAUSE OF DEATH <i>Immaturity 26 wk. baby.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>46 h</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Twins</i>	DUE TO (B) <i>Twins</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <i>-</i>	

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug. 24</i> , 19 <i>51</i> , to <i>Aug. 26</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Aug. 26</i> , 19 <i>51</i> , and that death occurred at <i>3:00 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Doreen E. Casberg</i>		23B. ADDRESS <i>Church Home &amp; Hosp</i>		23C. DATE SIGNED <i>26 Aug. 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	
25. FUNERAL DIRECTOR		25A. ADDRESS		25B. SIGNATURE <i>Commissioner of Health</i>	

AUG 30 1951

JOHN HOPKINS MEDICAL SCHOOL AUG 27 1951

159





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. <b>51-19954</b>		51 7522	
1. NAME OF DECEASED (Type or Print) <b>Baby Boy ALAN BRYANT</b>		2. DATE OF DEATH <b>Aug. 24, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Church Home &amp; Hospital</b>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home and Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1711 Eastern Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 24, 1951</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>—</b> If Under 1 Year: Months <b>—</b> Days <b>—</b> If Under 24 Hours: Hours <b>5</b> Min. <b>—</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Robert Ellis Bryant</b>		14. MOTHER'S MAIDEN NAME <b>Edith Madona Jewer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Church Home &amp; Hospital</b>		ADDRESS _____	
18. <b>776X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Immaturity 26 w. baby 5 L.</b> CAUSE OF DEATH (A) <b>Twins</b> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____			
19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Aug. 24</b> , 19 <b>51</b> , to <b>Aug. 24</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Aug. 24</b> , 19 <b>51</b> , and that death occurred at <b>10:30 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Doreen L. Cusberg</b>		23B. ADDRESS <b>Church Home &amp; Hosp.</b>	23C. DATE SIGNED <b>26 Aug. 51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) _____		24B. DATE _____	24C. NAME OF CEMETERY OR CREMATORY <b>JOHN HOPKINS MEDICAL SCHOOL</b>
24D. LOCATION (City, town, or county) <b>AUG 27 1951</b>		(State) _____	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>		REGISTRAR'S SIGNATURE <b>Walter M. Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Commissioner of Health</b>		ADDRESS _____	

SAVING THE WORLD'S TREASURES  
THE NATIONAL GEOGRAPHIC SOCIETY

WILLEY  
CONGREGATION  
100% COTTON

THE NATIONAL GEOGRAPHIC SOCIETY

51 7523

51 7523

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)*Franklin Kohlhafer*2. DATE  
OF  
DEATH*8/27/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION*3714 Second St*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*3714 Second St*

c. Length of stay in Baltimore

*63*Yrs.  
Mos.  
Days

5. SEX

*Male*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Oct. 28 1887*9. AGE (In years  
last birthday)*63*If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Doctor Maker*10. KIND OF BUSINESS OR  
INDUSTRY*U.S. Coast Guard*

11. BIRTHPLACE (State or foreign country)

*Baltimore, Md*12. CITIZEN OF  
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

*John Frederick Kohlhafer*

14. MOTHER'S MAIDEN NAME

*Emma Kahl*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.*217-67-0867*

17. INFORMANT

*Mrs. Verna 3714 2nd St*

ADDRESS

18.

*154X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

*Carcinoma of the rectum.*INTERVAL BETWEEN  
ONSET AND DEATH*indg.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*Arterio-sclerotic c.v. dis.**indg.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 19*, 19*57*, to *Aug 21*, 19*57*, that I last saw the  
deceased alive on *Aug 21*, 19*57*, and that death occurred at *4:45* A.m., from the causes and on the date stated above.

23A. SIGNATURE

*John M. Schneider*

23B. ADDRESS

*3340 Golfview Ave Balt*

23C. DATE SIGNED

*Aug 29 1957*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

*Aug. 31-51*

24C. NAME OF CEMETERY OR CREMATORY

*Cedar Hill Cms.*

24D. LOCATION (City, town, or county) (State)

*Anne Arundel Co. Md.*DATE RECEIVED BY  
LOCAL REGISTRAR*AUG 30 1951*

REGISTRAR'S SIGNATURE

*Christina Williams*

25. FUNERAL DIRECTOR

*Donald J. Evans - 4001 Ritchie Hwy*

ADDRESS

VS 150

50391

46D

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OFFICE OF THE  
DIRECTOR OF THE  
BUREAU OF THE  
LAND OFFICE

21



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**LUKE THADDUS JONES (BEY\*)**

2. DATE  
OF  
DEATH

**August 28, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

**Maryland**

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**202 S. Lloyd St**

C. CITY OR TOWN

**Baltimore**

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

**202 Lloyd Street**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**M**

8. DATE OF BIRTH

**8/2/1909**

9. AGE (in years  
last birthday)

**42**

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during life, even if retired)

**laborer**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**N. C.**

12. CITIZEN OF WHAT COUNTRY?

**U. S. A.**

13. FATHER'S NAME

**Stocky Jones**

14. MOTHER'S MAIDEN NAME

**Carrie ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown)

**No**

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

**Madie Jones 202 S. Lloyd St.**

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

~~HEART~~

ANTECEDENT CAUSES

(B) **Coronary occlusion**

DUE TO

(C) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE.

**William Wood**

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **August 28, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Crema**  
DATE RECEIVED BY LOCAL REGISTRAR  
**AUG 30 1951**

24B. DATE

**Sept 1/1951**

24C. NAME OF CEMETERY OR CREMATORY

**Ahoshie**

24D. LOCATION (City, town, or county)

**Ahoshie, N.C.**

(State)

REGISTRAR'S SIGNATURE

**William Williams, M.D.**

25. FUNERAL DIRECTOR

**Goe, G. Kelson 1303 Presstman St.**

ADDRESS

V S 151

93099

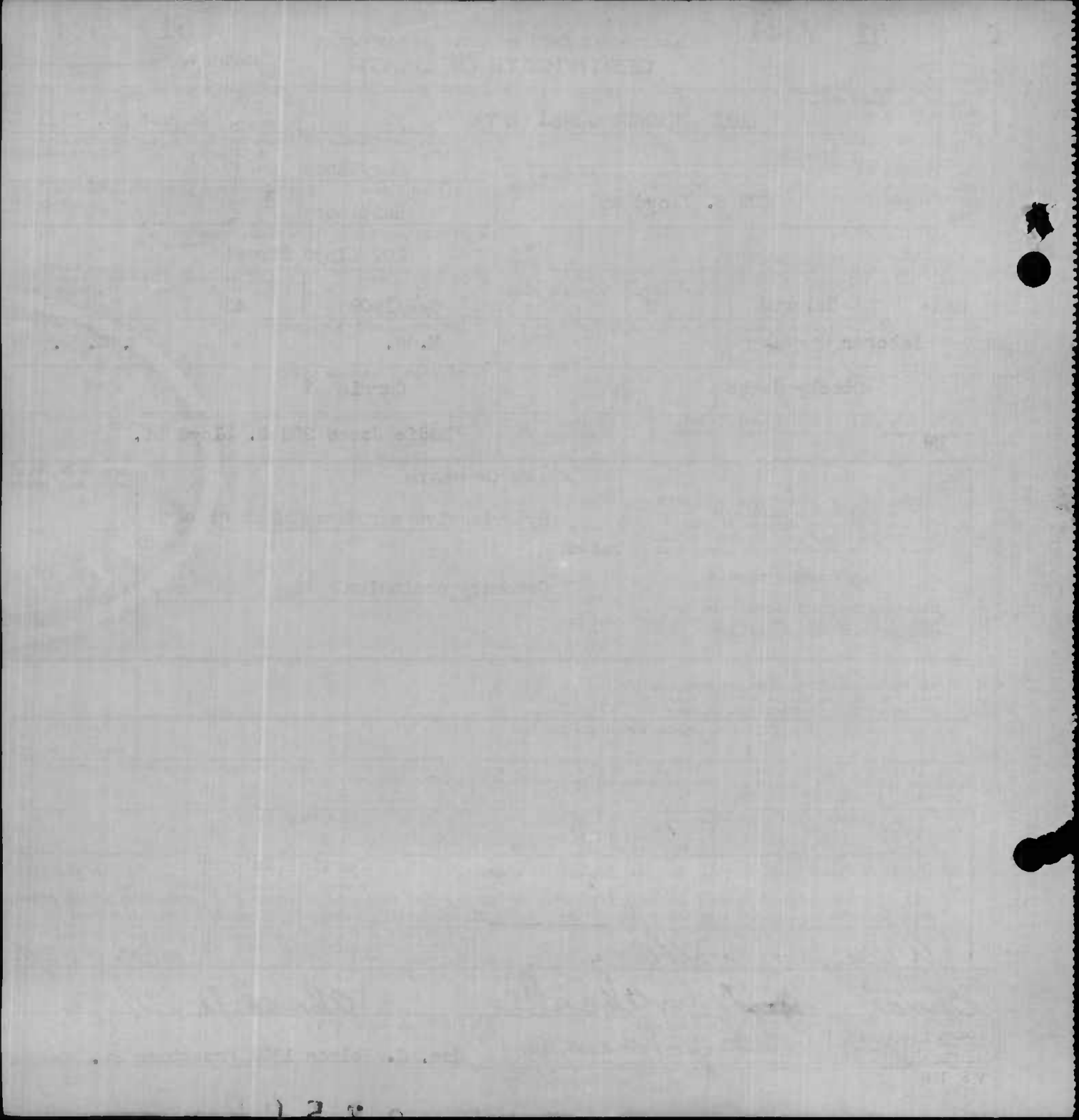
930

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





51 7525

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7525  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SPONEY WALKENSTEIN, M.D.

2. DATE  
OF  
DEATH

Aug. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

42

SINAI HOSPITAL INC. BALTO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY

MARYLAND

(before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-15

D. STREET ADDRESS (If rural, give location)

2307 SULGRAVE AVE. #9

c. Length of stay in Baltimore

44 yrs.

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 29 1884

9. AGE (In years

last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Physician

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lazer Walkenstein

14. MOTHER'S MAIDEN NAME

Ethel Ginsberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Rebecca Wallenstein-2307 Sulgrave Ave

ADDRESS

18. 704.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Monocytic Leukemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22 1951, to 8/29 1951, that I last saw the deceased alive on 8/28 1951, and that death occurred at 12:04 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Leon Danner

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

8/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/30/51

24C. NAME OF CEMETERY OR CREMATORY

Bnei Israel Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

R. H. Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Levinson &amp; Bros 1124-26 W.

ADDRESS

North Avenue

VS 150

07588

751 94a

1911

1911

1911

1911

1911

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1911

51 7526

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7526

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NATHAN SMALL

2. DATE  
OF  
DEATH

August 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3706 Nortonia Road

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

1228 E Baltimore St

c. Length of stay in Baltimore

45 Yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 12, 1878

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sign Painter

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

?

Small

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs Al Siavitz 3403 WoodBrook Ave Apt 24

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1951, to 8/29, 1951, that I last saw the  
deceased alive on 8/22, 1951, and that death occurred at 8:50 m., from the causes and on the date stated above.

23A. SIGNATURE

S. C. Johnson

M. O.

23B. ADDRESS

1440 G Balt

23C. DATE SIGNED

8/29/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug 30, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Rosedale Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lester A. Williams, M.D.

25. FUNERAL DIRECTOR

Sol Government Bros

ADDRESS

1126 W North Ave

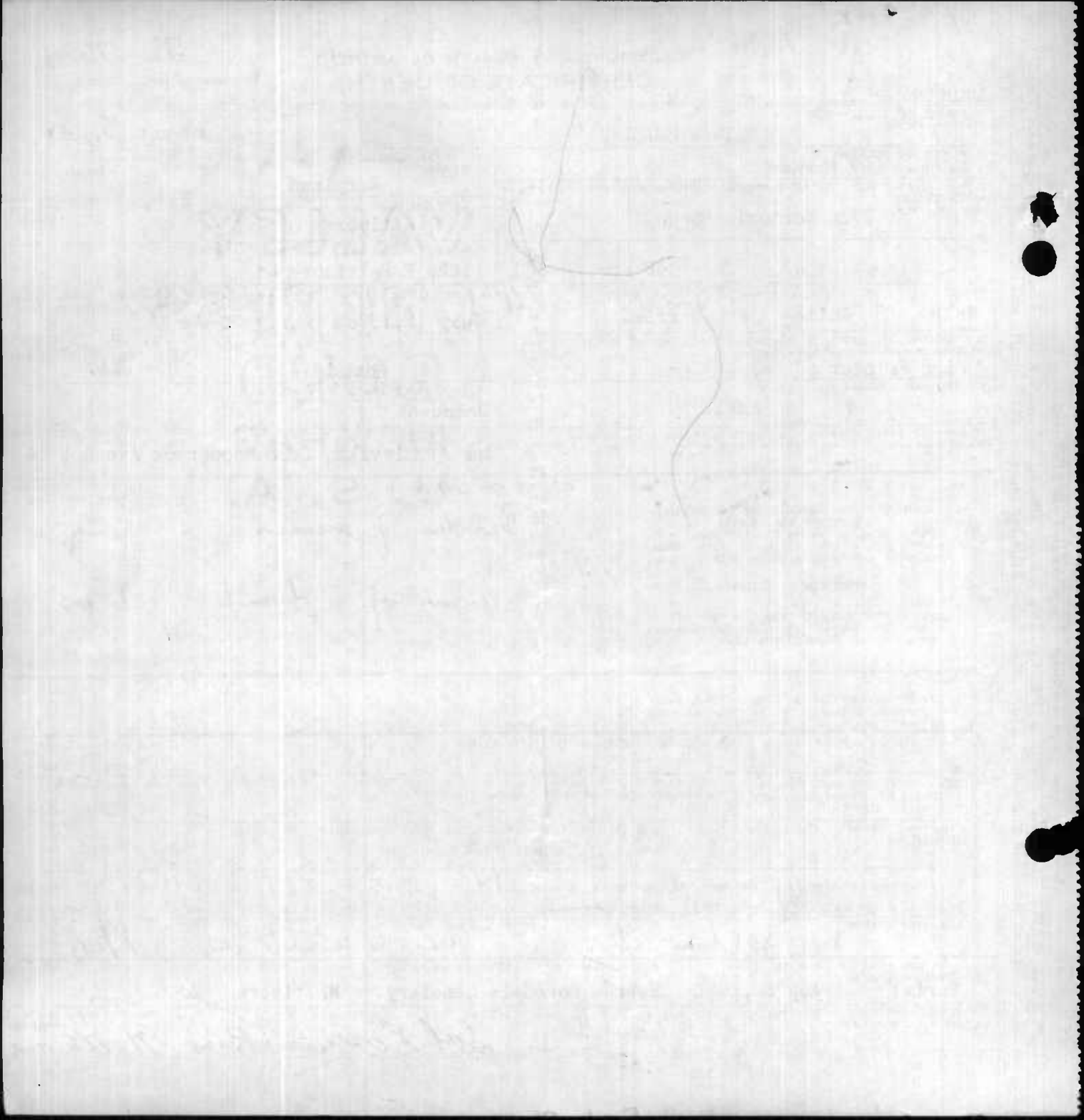
VS 150

56482

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7527

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7527

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sophia Levin

2. DATE  
OF  
DEATH

2-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTIMORE MD. - 15-38

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

SINAI HOSPITAL OF BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE MD.

C. Length of stay in Baltimore

46 yrs.

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3800 WOODHAVEN AVE

5. SEX

FEMALE

WHITE

MARRIED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1888

9. AGE (In years  
last birthday)

63

11 Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sam

MEINEROFSKY

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Joseph Levin- 3800 Woodhaven Avenue

18.

152X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

CARDIORESPIRATORY

Insufficiency

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

CANAL OF SMALL

Intestine

(C)

DECOMPOSITION OF CANAL

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-11-51

19B. MAJOR FINDINGS OF OPERATION

Intestinal Obstruction

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1951, to 8-28, 1951, that I last saw the  
deceased alive on 28-8, 1951, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

29/8/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/30/51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Mens

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson &amp; Bros - 1124-26 W.

46E North Avenue

VS 150



10-11-1968

129

51 7528

51 7528

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

CELIA SAVAGE

2. DATE  
OF  
DEATH

8-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ELTAW &amp; WILSON ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md B. COUNTY ELTAW &amp; WILSON ST.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951 to Aug 29, 1951, that I last saw the  
deceased alive on Aug 28, 1951, and that death occurred at 5:41 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 30 1951

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

Bernard Cohen  
Marlborough

51 7529

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7529  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY VANCE SHORES

2. DATE  
OF  
DEATH

August 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Tangier, Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Shores

14. MOTHER'S MAIDEN NAME

Mamie Dise

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Brother, Charles Shores, Hopewell, Va.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular  
disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Shores

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D.

MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 27, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

Aug 30 - 51

Hopewell

Va.

Virginia

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 30 1951

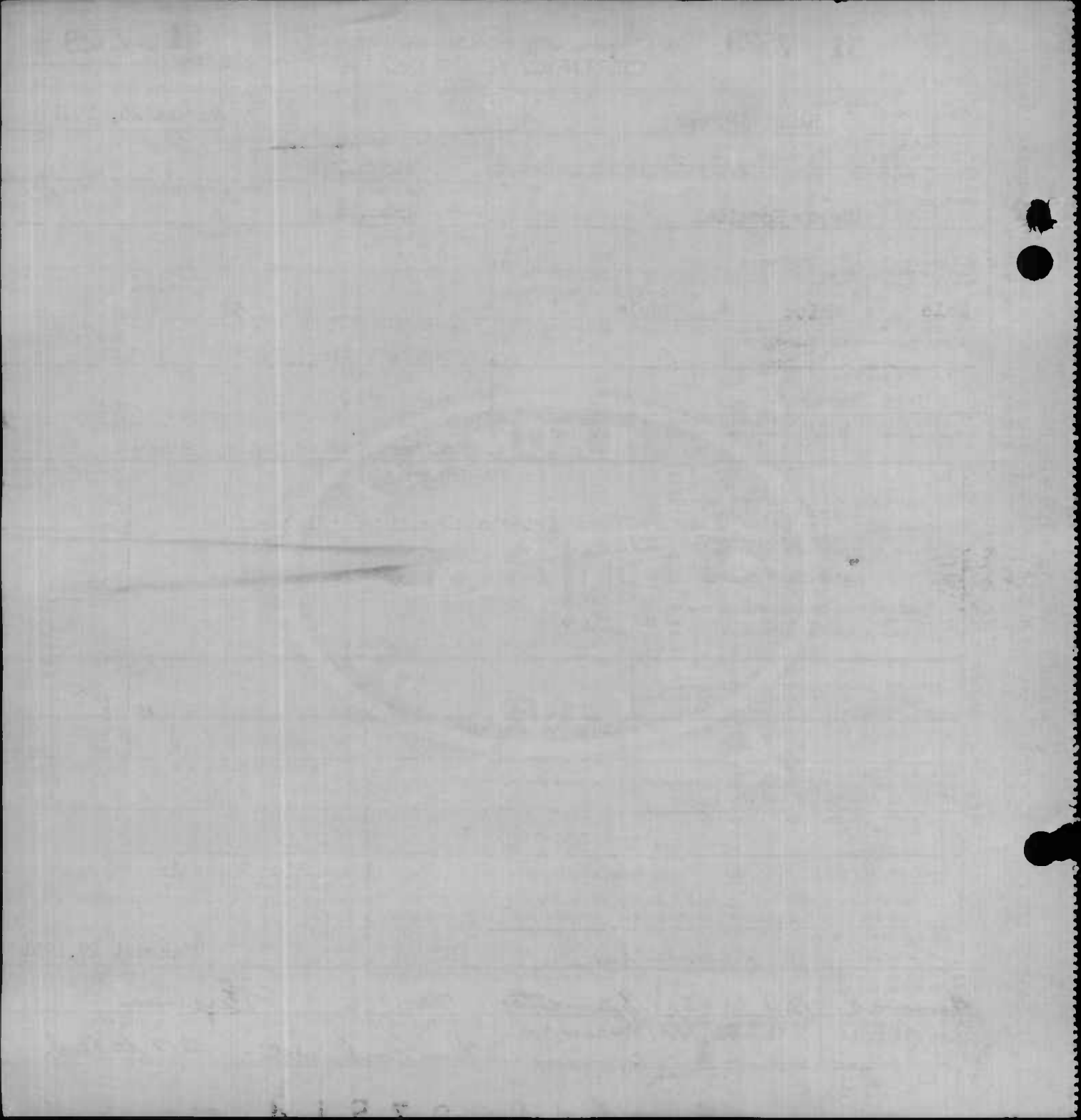
Wm Cook Inc

1212 St. Paul

937 ✓

VS 151

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7530

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) *William CARY*

ROSS

Jr.

2. DATE

OF DEATH *Aug. 27, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION*Maryland General Hospital*

Yrs.

Mos.

Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*1210 N. Eutaw Place*

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

*Single*

8. DATE OF BIRTH

*Sept. 28 1903*

9. AGE (In years

last birthday)

*47*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Writer*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Knox Co. Tennessee*

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

*Wm C. Ross*

14. MOTHER'S MAIDEN NAME

*Lida Mc Clung*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*Wm Wm. C Ross Sr. Knoxville, Tenn*

ADDRESS

18. *E970.2*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Barbiturate poisoning*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

*Home*

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

*1210 N. Eutaw Place*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

*August, 1951 ?*

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☒21F. HOW DID INJURY OCCUR?  
*Ingestion of barbiturate*22. I certify that I took charge of the remains described above, held an *autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

*Stanley H. Dunsicker*23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

*August 30, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Cremation*

24B. DATE

*8/30/51*

24C. NAME OF CEMETERY OR CREMATORY

*Greenmount Crematory, Balt*

24D. LOCATION (City, town, or county)

*Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Wm J. Williams, M.D.*

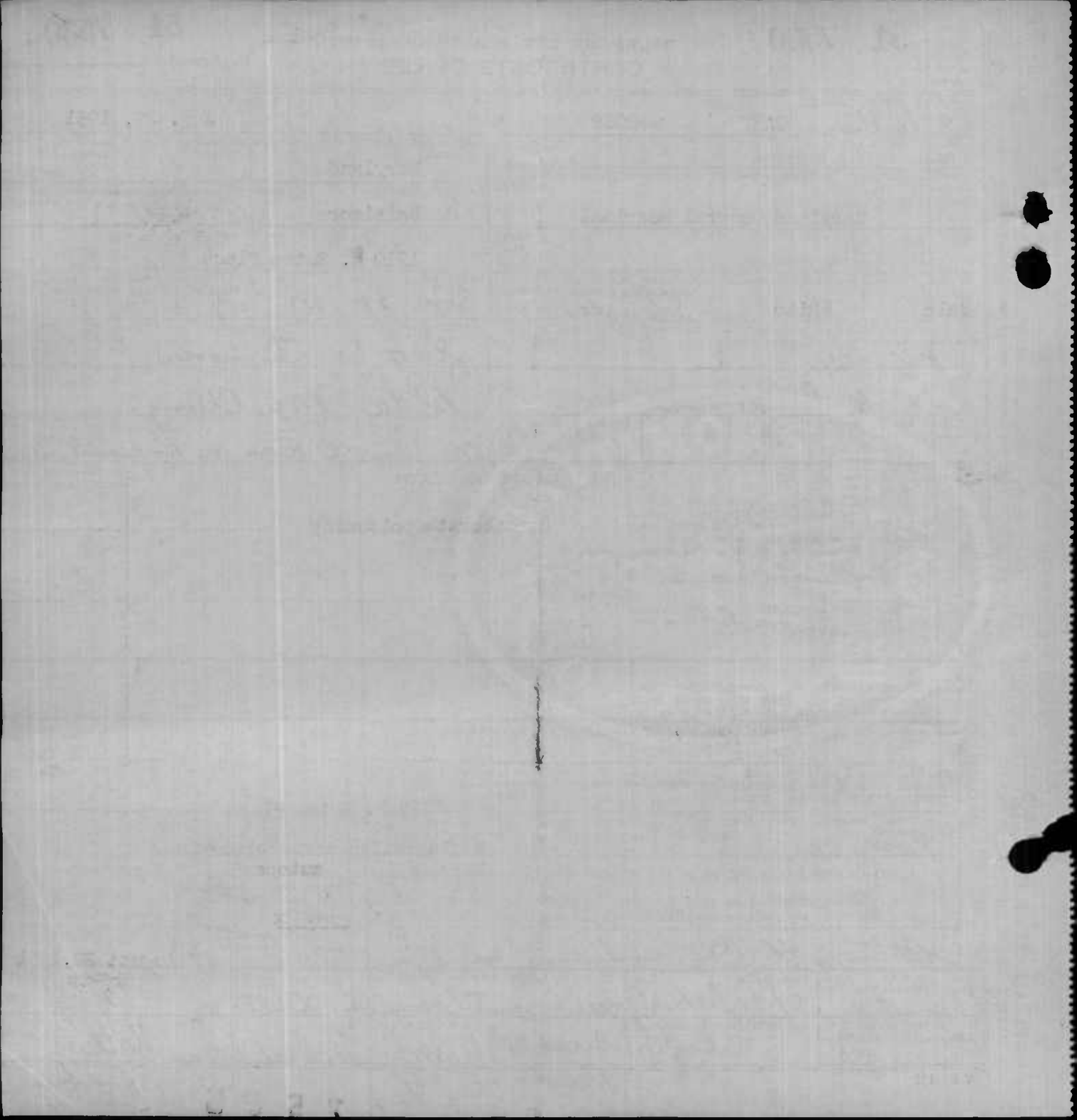
25. FUNERAL DIRECTOR

*Wm J. Tucker & Sons North*

AUG 31 1951

*N-971.0**00682**251163B**Pa Ave*





R. 240 51 7531

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7531

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lola Russell.

2. DATE  
OF  
DEATH

August 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1623 W. Franklin St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1623 W. Franklin St.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 14, 1895

9. AGE (In years  
last birthday)

56.

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Edward Dunlap

14. MOTHER'S MAIDEN NAME

Roda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Addie Savage. 1326 K. Fulton St.

18. 4201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 8/27, 1951, that I last saw the  
deceased alive on 8/27, 1951, and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

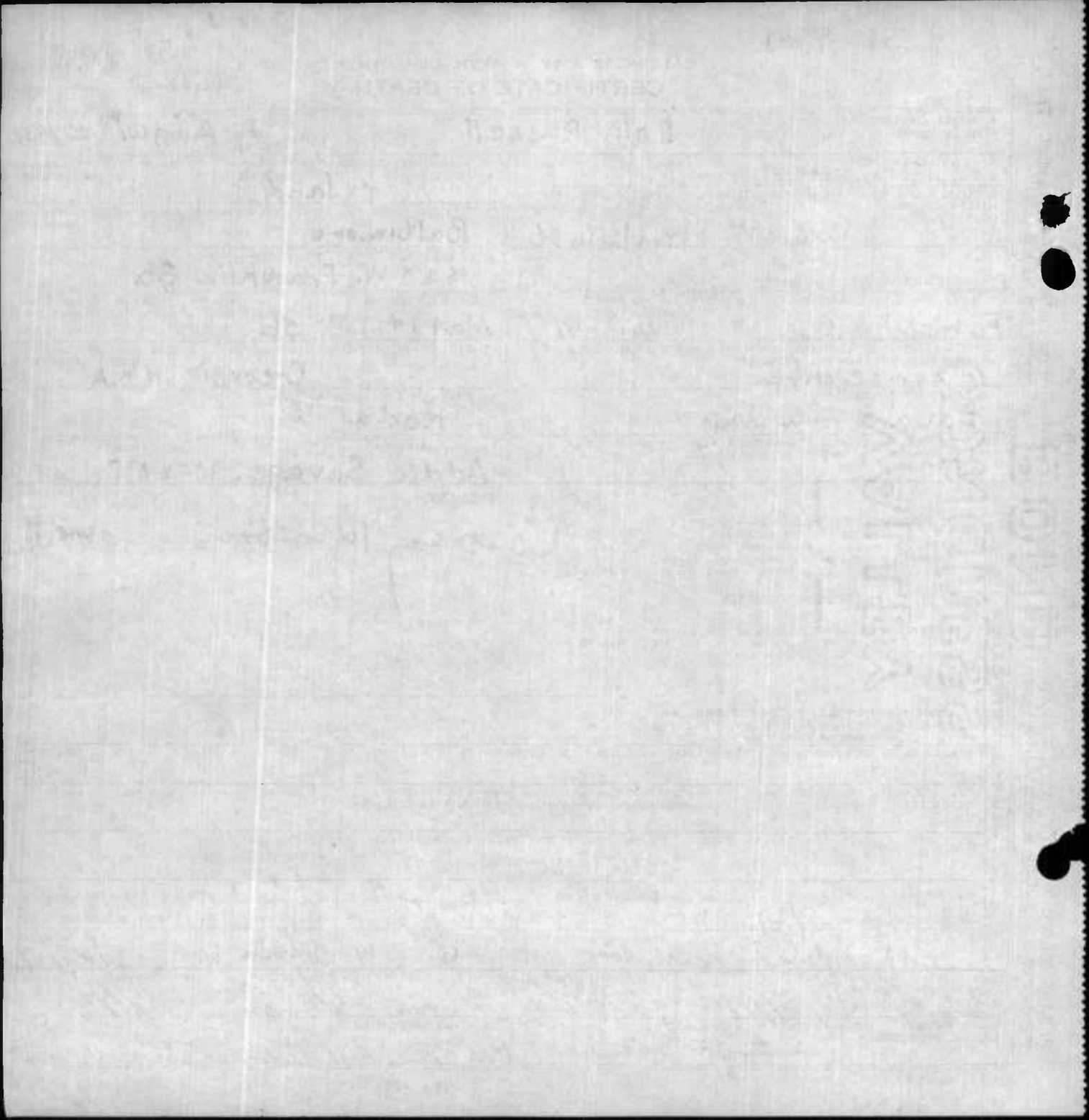
VS 150

94a

MARGIN RESERVED FOR CERTIFICATION

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



L-520

51 7532

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7532  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANK LENK

2. DATE  
OF  
DEATH

8.29.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Sinai Hospital

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

42 Sinai Hospital of Balto.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3.12.1901

9. AGE (In years  
last birthday)

50 years

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Bar Tender

10B. KIND OF BUSINESS OR  
INDUSTRY

Happy Bros.

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Arnest Louis LENK

14. MOTHER'S MAIDEN NAME

Sola A. Vogt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes: World War II

16. SOCIAL  
SECURITY NO.

212-05-6888

17. INFORMANT

Chelminsky

ADDRESS

Sinai Hosp.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cardiorespiratory Insufficiency

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma in Intestine

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.23, 1951, to 8.29, 1951 that I last saw the  
deceased alive on 8.29, 1951, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Chelminsky

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8-1-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

North Ave.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

John C. Miller Inc. 2405 E. Oliver St.

ADDRESS

AUG 30 1951

VS 150

750 6M

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



G-652 51 7533

51 7533

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>LENA GREENSFELDER</b>			2. DATE OF DEATH <b>8-28-51</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>739 S. Curley St.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>1-01</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>—</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>		
c. Length of stay in Baltimore <b>64</b> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>739 S. Curley St.</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>2-7-87</b>	9. AGE (In years last birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>William Thelen</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Schump</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT ADDRESS (same) <b>Robt. C. Greensfelder</b>		

18. <b>4201 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8/26/51</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Ch Myocarditis</b>			7/1/46		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Hypertension Cardio Vascul disease</b>			7/1/46		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 1 46</b> to <b>Aug 28 51</b> , that I last saw the deceased alive on <b>Aug 25 51</b> and that death occurred at <b>8:30</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>William F. Ryan</b>		23B. ADDRESS <b>801 E. Keewood Rd.</b>		23C. DATE SIGNED <b>Aug 30</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8-31-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Dale Lawn Eastern Blvd.</b>	
24D. LOCATION (City, town, or county) (State) <b>(MD)</b>		25. FUNERAL DIRECTOR <b>John F. Duda, Inc.</b>		ADDRESS <b>7829</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>		REGISTRAR'S SIGNATURE <b>William F. Ryan</b>		931	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2 2 2 2 2

200 51 7534

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7534

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>E Dorsie Rock.</i>		2. DATE OF DEATH <i>Aug 29, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Balto. City</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2424. N. Calvert St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 12-03</i>			
c. Length of stay in Baltimore <i>45 Yrs. Mos. Days</i>		D. STREET ADDRESS (If rural, give location) <i>2424. N. Calvert St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married.</i>	8. DATE OF BIRTH <i>April 5-1873</i>	9. AGE (In years last birthday) <i>78.</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Draftsman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Reneberg Bros</i>		11. BIRTHPLACE (State or foreign country) <i>Va.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Wm W. Rock.</i>		14. MOTHER'S MAIDEN NAME <i>Fannie Chitwood.</i>		17. INFORMANT ADDRESS <i>Washington ST. NW</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>212-01-9891</i>		17. INFORMANT ADDRESS <i>Mrs. Virginia A. Daggett, 5230 F ST. NW</i>	
18. <i>420.01</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO		CAUSE OF DEATH <i>Anterior Septal Heart Drain.</i> DUE TO <i>Myocardial Anterior Occlusion.</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/24/</i> , 1950, to <i>8/29/</i> , 1951, that I last saw the deceased alive on <i>8/28/</i> , 1951, and that death occurred at <i>6 A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>N. P. Friedman</i>		23B. ADDRESS M. D. <i>1319 Lytle St.</i>		23C. DATE SIGNED <i>8/30/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/30/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Garvens Presbyterian Church</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. md.</i>		24E. FUNERAL DIRECTOR <i>Lanahan Funeral Home</i>		24F. ADDRESS <i>7401 Belair Rd.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 30 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Lanahan Funeral Home</i>	

P.A. 0124  
Nov. 9-11

Dr. Friedman  
1319 Light St.

51 7535

51 7535

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Elizabeth K. Preis

2. DATE  
OF  
DEATH

August 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2245 E. Chase Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2245 E. Chase Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 10, 1869

9. AGE (In years

last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Kaiser

14. MOTHER'S MAIDEN NAME

Rosina Maier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Meade, 2245 E. Chase Street

18.

4700 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1951, to 8/28, 1951, that I last saw the  
deceased alive on 8/27, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Emalee W. Hunt

23B. ADDRESS

3001 E. Bayview Ave.

23C. DATE SIGNED

8/29/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

8/31/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

AUG 30 1951

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Am. Cook. Inc.

1217 St. Paul Street

VS 150

51 7535

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WALLEY

OFFICE

BOND



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

51 7536

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7536  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baker, Lucille

2. DATE  
OF  
DEATH

Aug. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

1418 E. Lombard St.

B. FULL NAME OF HOSPITAL OR

St. Joseph's

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

8 yr.

5. SEX

F.

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 28, 1907

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wife.

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Warren, N. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother Baker 1418 E Lombard

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive C.V.D.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Obesity.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 22, 1951 to August 29, 1951 that I last saw the deceased alive on Aug. 29, 1951 and that death occurred at 4:00 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St.

Aug. 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 30 1951

Wilmington Williams, M.D.

Mrs. G. G. Elliott & Daughter

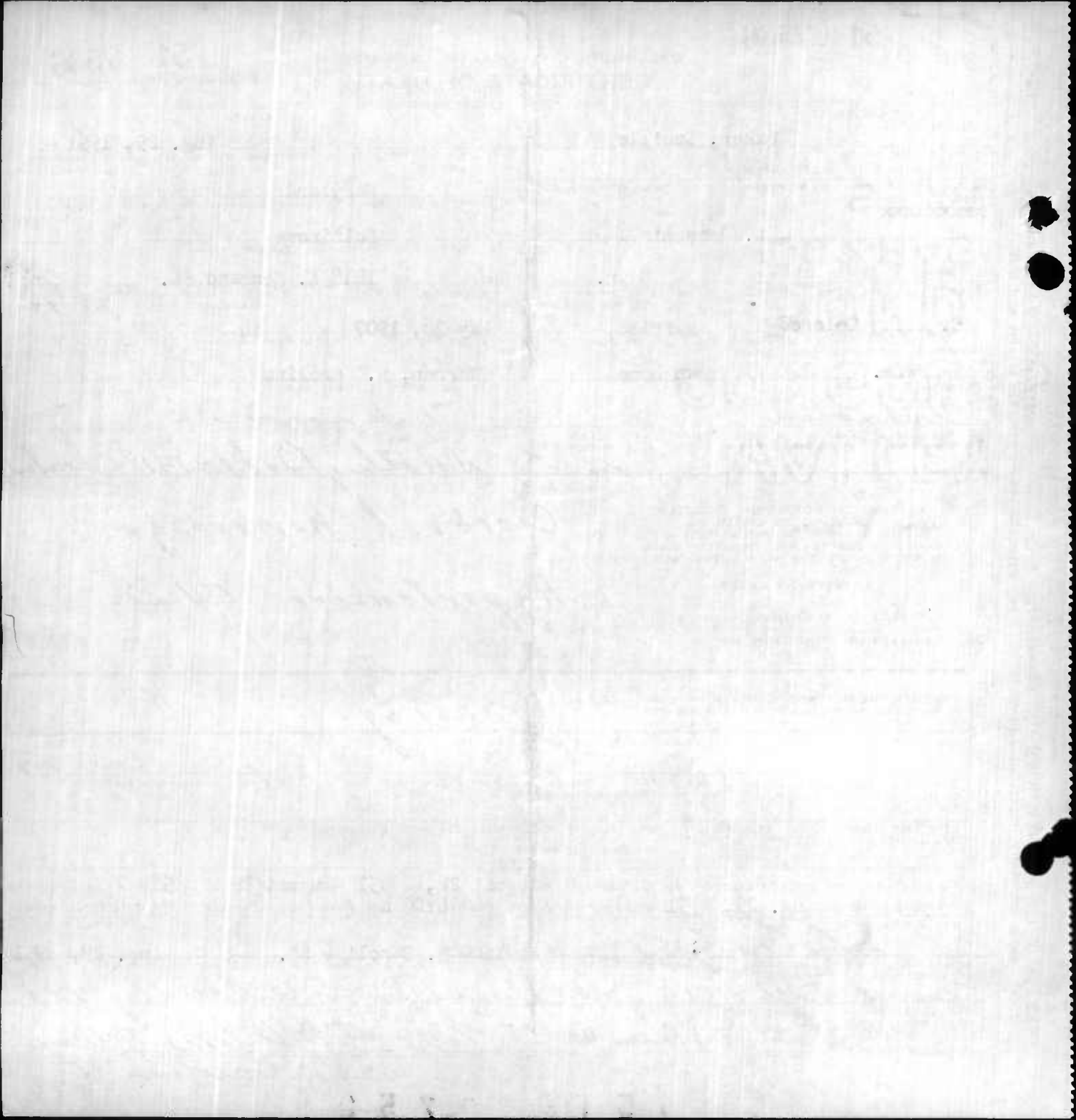
VS 150

1129 N. Caroline St.

19510207521

937





MARGIN CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Z-565

51 7537

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7537

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

GEORGE FREDERICK ZIMMERMAN

2. DATE  
OF  
DEATH

8-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

613 Bartlett Ave

c. Length of stay in Baltimore

life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

White

Widowed

8. DATE OF BIRTH

1869

9. AGE (In years, last birthday)

82

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Penn. RR

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. H. Zimmerman

14. MOTHER'S MAIDEN NAME

Elizabeth Garth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ada M. Miller-613 Bartlett Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Coronary Occlusion

48 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Artery disease 2 mos

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Aug. 27, 1951, that I last saw the deceased alive on Aug. 27, 1951, and that death occurred at 10:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8-31-51

Cathedral Cem

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 30 1951

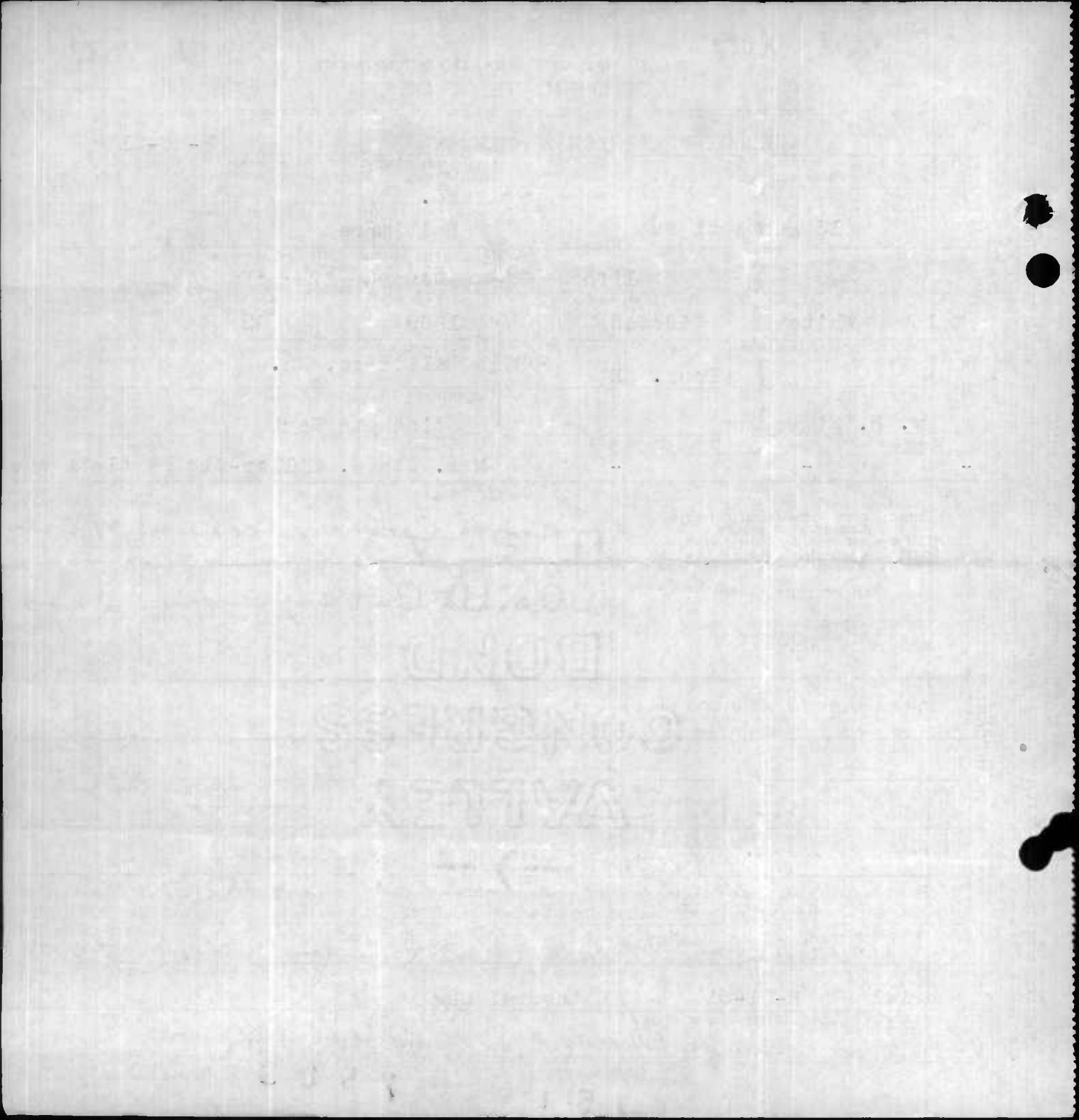
Wilmington Williams, M.D.

WIEDEFELD &amp; SON

GREENMOUNT AVE &amp; 22ND

VS 150

94a



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7538

Registered No. \_\_\_\_\_

51 7538

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Alfred Snyder</b>		2. DATE OF DEATH <b>Aug. 28, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, 15 days before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital Inc</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>2400 Roslyn</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 19, 1889</b>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Investigator</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Credit Bureau</b>		12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>	
13. FATHER'S NAME <b>William L. Snyder</b>		14. MOTHER'S MAIDEN NAME <b>Emily Rosenick</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>216-05-011</b>	
17. INFORMANT <b>Miss Mattie Snyder</b>		ADDRESS _____	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Glomerular Nephritis</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>7</b>	19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Aug 28, 1951</b> to <b>Aug 28, 1951</b> that I last saw the deceased alive on <b>Aug 28, 1951</b> and that death occurred at <b>3:10 P.M.</b> from the causes and on the date stated above.		
23. SIGNATURE <b>Charles M. Riple</b>	24. ADDRESS <b>Mercy Hospital</b>	25. DATE SIGNED <b>8/28/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 31 51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount</b>
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>	REGISTRAR'S SIGNATURE <b>W. Williams</b>	25. FUNERAL DIRECTOR <b>G. Howard Strong</b>
		ADDRESS <b>3207 W. North Ave.</b>

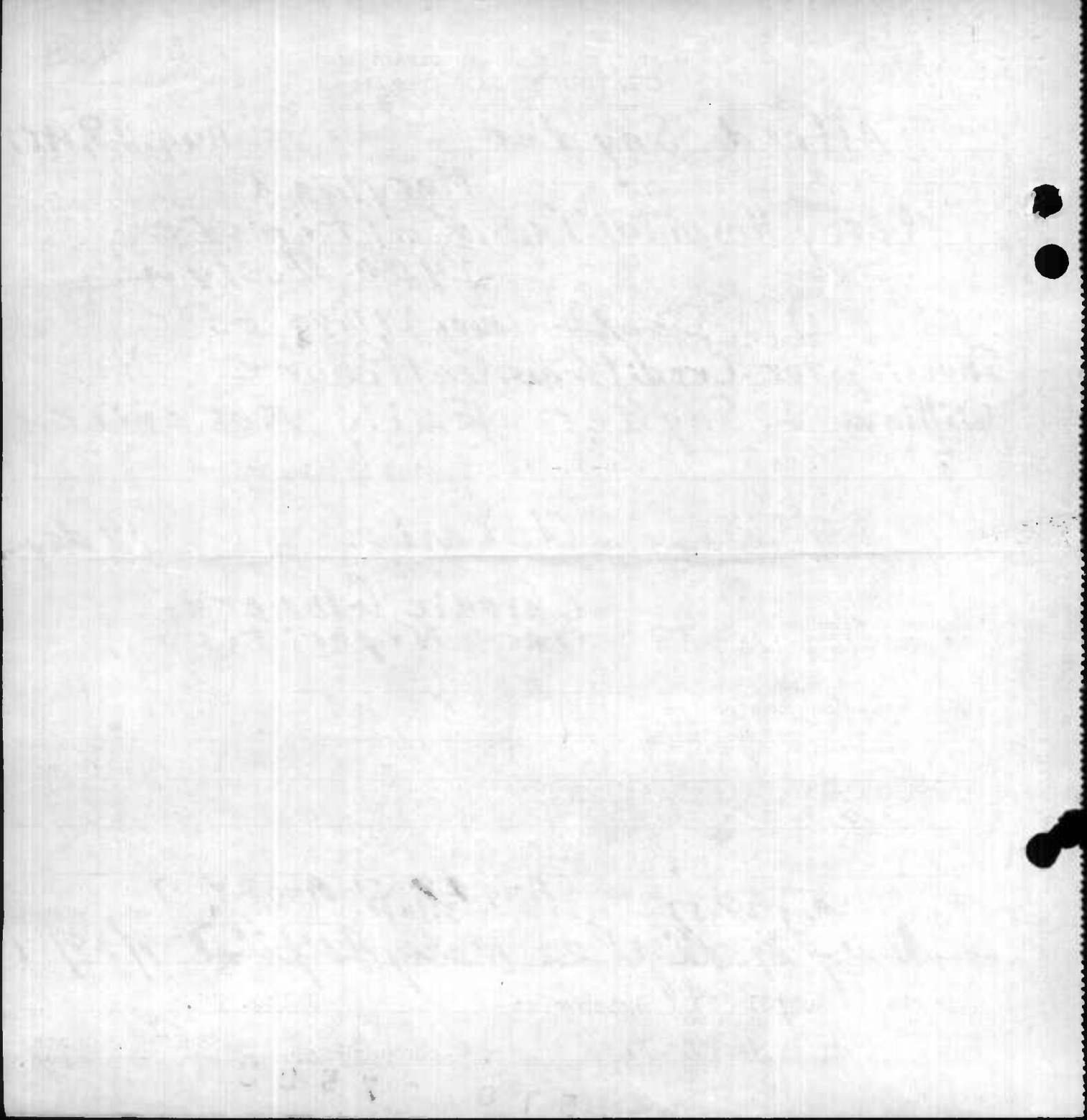
VS 150

390182007523

131B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7539**

BIRTH NO. **7539 51-18730**

1. NAME OF DECEASED (Type or Print) <b>ANTHONY JACKSON</b>		2. DATE OF DEATH <b>August 28, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>700 Cumberland Street</b>		C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>700 Cumberland Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug, 16, 51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>13</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Alfred Robinson</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> <b>U.S.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Susan Jackson</b>	
17. INFORMANT		ADDRESS <b>ST. 700 Cumberland</b>	

18. **760.0** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Subdural hemorrhage**  
DUE TO **birth injury to right tentorium**

ANTECEDENT CAUSES

(B) **Malnutrition**  
~~XXXX~~ **Bronchopneumonia**

(C) **Aspiration of vomitus**

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Baltimore City Hospital, 4940 Eastern Ave</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>August 16, 1951</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Birth injury</b>			

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William E. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED <b>August 28, 1951</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/30/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>A.A.Co Md.</b>
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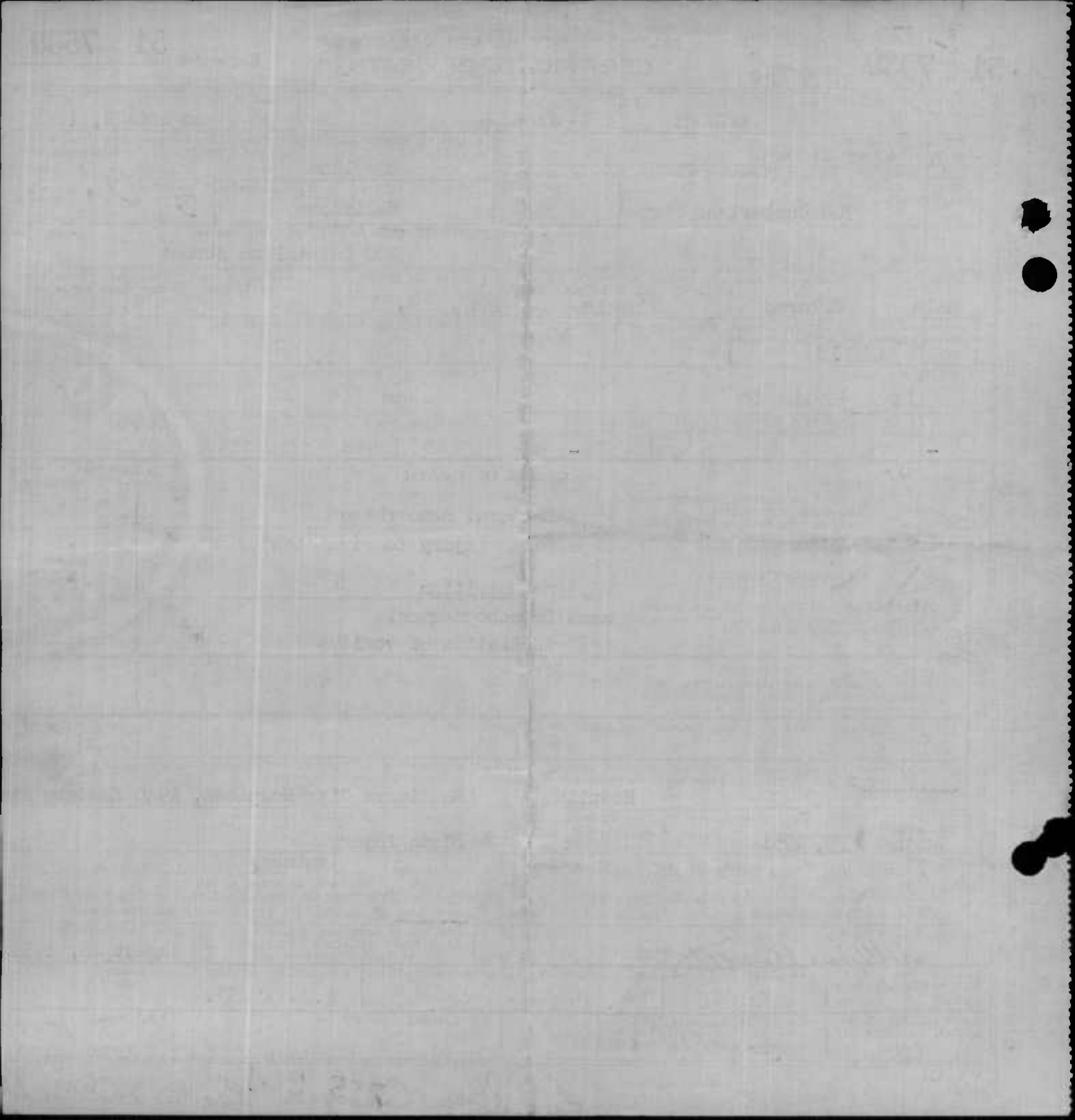
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>	REGISTRAR'S SIGNATURE <i>William E. [Signature]</i>	25. FUNERAL DIRECTOR <b>Charles G. Cooper</b>	ADDRESS <b>512 N. Carrollton Ave.</b>
--	--	--	--

*Phas. Cooper 2600*  
*Phas. Cooper 2600*

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





RANDALL  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

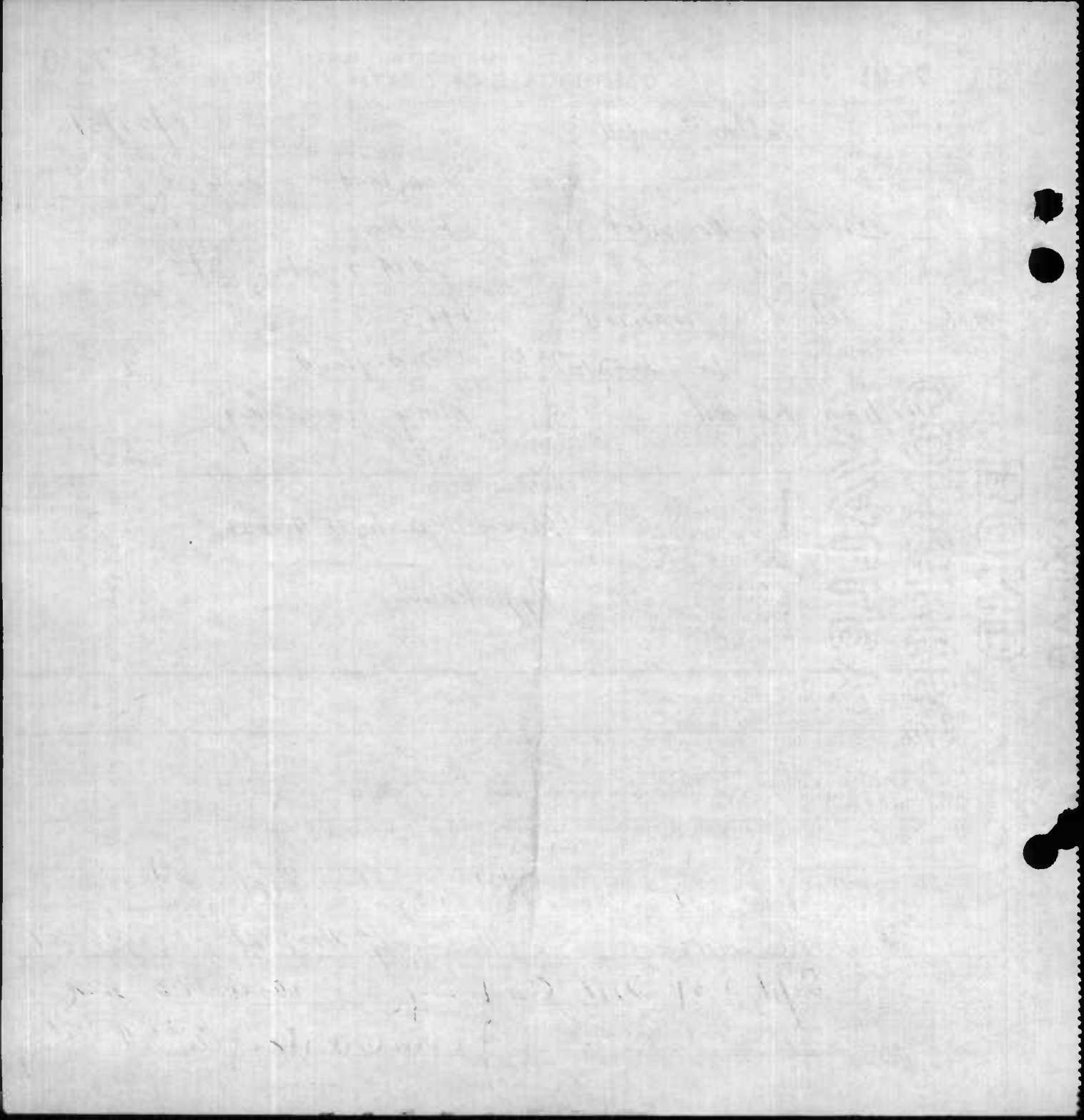
51 7540  
Registered No.

BIRTH NO. 51 7540		1. NAME OF DECEASED (Type or Print) <i>Milton Randall</i>		2. DATE OF DEATH <i>8/29/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>38</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2414 Purbury St</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>1913</i>	9. AGE (in years last birthday) <i>38</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Longshoreman</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>William Randall</i>		14. MOTHER'S MAIDEN NAME <i>MARY GASSOWAY</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Wife</i> ADDRESS <i>same</i>	

18. <i>5922 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Glomerulonephritis &amp; Uremia</i> DUE TO ANTECEDENT CAUSES (B) <i>Hypertension</i> DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>?</i>		
			19A. DATE OF OPERATION <i>0</i> 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
			21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>8/21</i> , 19 <i>51</i> , to <i>8/29</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8/29</i> , 19 <i>51</i> , and that death occurred at <i>1:00 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. D. Richardson</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>8/29/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Sept 2-57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24D. LOCATION (City, town, or county) <i>a. a. Co. Md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>a. a. Co. Md</i>		24F. LOCATION (City, town, or county) <i>a. a. Co. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 30 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>James A. Hayes</i>	
				ADDRESS <i>6387 9th Ave</i>	

94055

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7541BIRTH NO. 1 75411. NAME OF DECEASED  
(Type or Print)CHARLES WILBUR McALLISTER2. DATE  
OF  
DEATH8/30/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

44 UNION MEMORIAL HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3115 SOUTHERN AVE

c. Length of stay in Baltimore

YEARS

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

B & O RR CLERK

10B. KIND OF BUSINESS OR INDUSTRY

R.R.

8. DATE OF BIRTH

12/24/1878

9. AGE (In years last birthday)

72

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

MR WINFRED McALLISTER

14. MOTHER'S MAIDEN NAME

MARY (UNKNOWN)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

WIFE, Ruth McAllister SAME

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

HEMORRHAGE - intestinal

INTERVAL BETWEEN ONSET AND DEATH

5 HRS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

CARCINOMA OF STOMACH

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1951, to 8-30, 1951, that I last saw the deceased alive on 8-30, 1951, and that death occurred at 3:58 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William A. Crasch

M. O.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Aug 30, 1957

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-3-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Timothy J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Luck 5305 BayfordAUG 30 1951

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7542**

BIRTH NO. **51 7542**

1. NAME OF DECEASED (Type or Print) <b>LEON EARL YOUNG</b>		2. DATE OF DEATH <b>August 30, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>2417 Greenmount Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 3-1896</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self-Distributor</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>55</b> If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
13. FATHER'S NAME <b>William Young</b>		11. BIRTHPLACE (State or foreign country) <b>Jersey Shore Pa</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		14. MOTHER'S MAIDEN NAME <b>Myrtle Mc Closkey</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Miss Mary E Young</b>	
		ADDRESS <b>2417 Greenmount</b>	

**18. E810.4 CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Skull fracture**

**ANTECEDENT CAUSES**

(B) **Crushed chest**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Railroad Track</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Canton Railroad, North Point &amp; Colgate 5300</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Aug. 30, 1951 2:45 A.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Driver of truck struck by railroad train</b>

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William H. [Signature]</b>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>August 30, 1951</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-1-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Morland Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>	REGISTRAR'S SIGNATURE <b>William H. [Signature]</b>	25. FUNERAL DIRECTOR <b>L. J. Luck</b> ADDRESS <b>5305 Maryland Rd.</b>	

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**N-804.2**

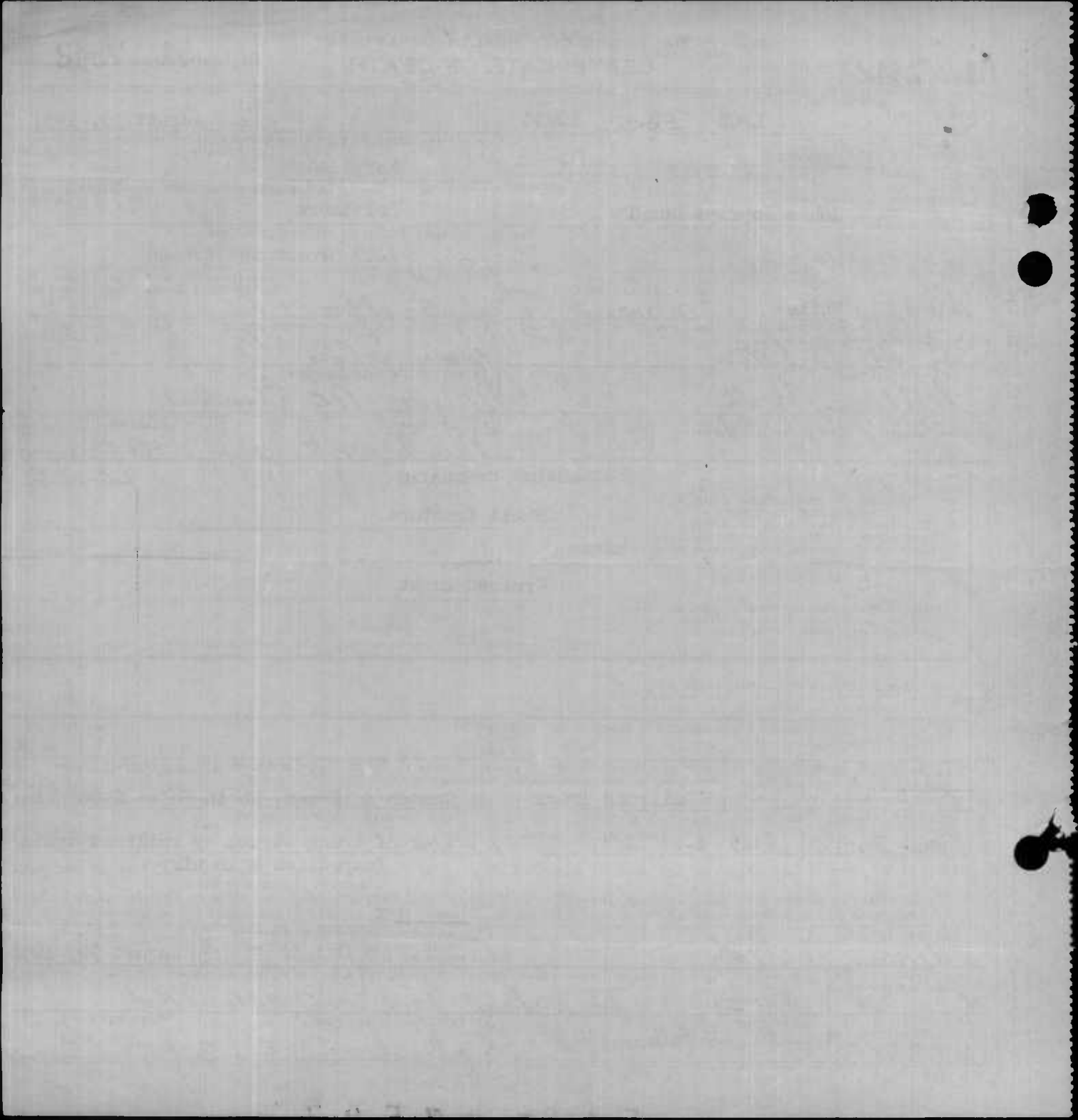
**2906H**

**170a**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7543

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES HARWOOD HODGES (MR.)

2. DATE  
OF  
DEATH

8-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

44 UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL, and give township)

c. Length of stay in Baltimore

LIFETIME

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

5602 WERFORD RD.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

22 July 1881

9. AGE (In years  
last birthday)

70

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

SELF EMPLOYED

10B. KIND OF BUSINESS OR  
INDUSTRY

SELF EMPLOYED

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Hodges

(Convey or M)

14. MOTHER'S MAIDEN NAME

ELIZABETH JAMISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN UNKNOWN

16. SOCIAL  
SECURITY NO.

UNKNOWN

17. INFORMANT

C.H. Hodges, Jr.

ADDRESS

105 Woodlawn Rd.

18.

470.1 I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial infarct

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

4 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 August, 1951, to 28 August, 1951, that I last saw the  
deceased alive on 28 August, 1951, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Waverly S. Green, Jr.

M.O.

23B. ADDRESS

Union Memorial Hosp. Balto 17 rd 8-28-51

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

8-31-51

24C. NAME OF CEMETERY OR CREMATORY

St. Anne's

24D. LOCATION (City, town, or county)

Annapolis, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 30 1951

Huntington Williams, Jr.

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

STATE OF NEW YORK  
CERTIFICATE OF DEATH

145

1125

51 7544

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7544

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT H. HARRISON

2. DATE  
OF  
DEATH

August 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

St. Agnes' Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Oella Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 6, 1900

9. AGE (in years  
last birthday)

51

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR  
INDUSTRY

Auto Repairs

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

217-03-317

17. INFORMANT

Mrs. Anna M. Harrison Oella, Md.

18. E802X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Railroad track

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Oella, Maryland

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

August 28, 1951 6:00 P.m.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by B &amp; O train

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley A. Dineen, M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

August 29, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/31/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

AUG 30 1951

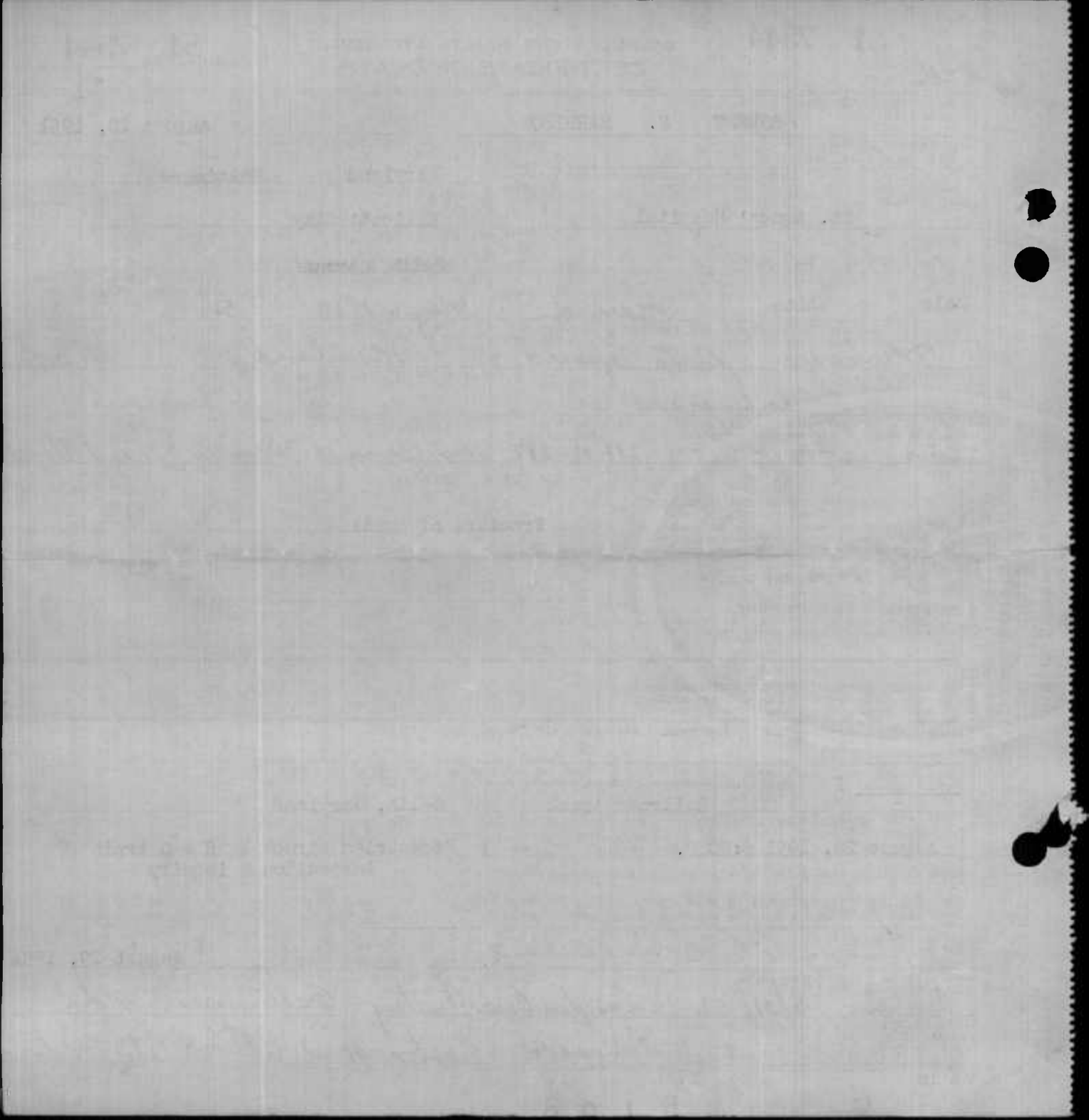
REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

Eaton Sons, Ellicott City, Md.

ADDRESS



51 7545

51 7545

ND-151725

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. *Non Resident*

1. NAME OF DECEASED (Type or Print) **Jimmie Dale Funkhouser** 2. DATE OF DEATH **August 29, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Maryland** B. COUNTY **Howard**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Baltimore City Hospitals** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Howard County - Elliott City**  
**4940 Eastern Avenue** D. STREET ADDRESS (If rural, give location) **Elliott City, Md. Howard County 6300**

c. Length of stay in Baltimore **1 Day** Yrs. Mos. Days

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **Jan. 21, 1951** 9. AGE (in years last birthday) **7** 10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY? ☒

13. FATHER'S NAME **Grover Funkhouser** 14. MOTHER'S MAIDEN NAME **Fern McLaughlin**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Baltimore City Hospitals**  
**Records: 4940 Eastern Avenue**

18. **057.11** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Waterhouse-Friderichsen syndrome with Hemorrhage into the Adrenals** DUE TO

INTERVAL BETWEEN ONSET AND DEATH **Less than 24 Hrs.**

ANTECEDENT CAUSES (B) **Septicemia Etiology** DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **8/31/51** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-28**, 19**51**, to **8-29**, 19**51**, that I last saw the deceased alive on **8-29**, 19**51**, and that death occurred at **7 a m.**, from the causes and on the date stated above.

23A. SIGNATURE **J. S. O'Keefe** M. D. 23B. ADDRESS **4940 Eastern Avenue** 23C. DATE SIGNED **8-30-51**

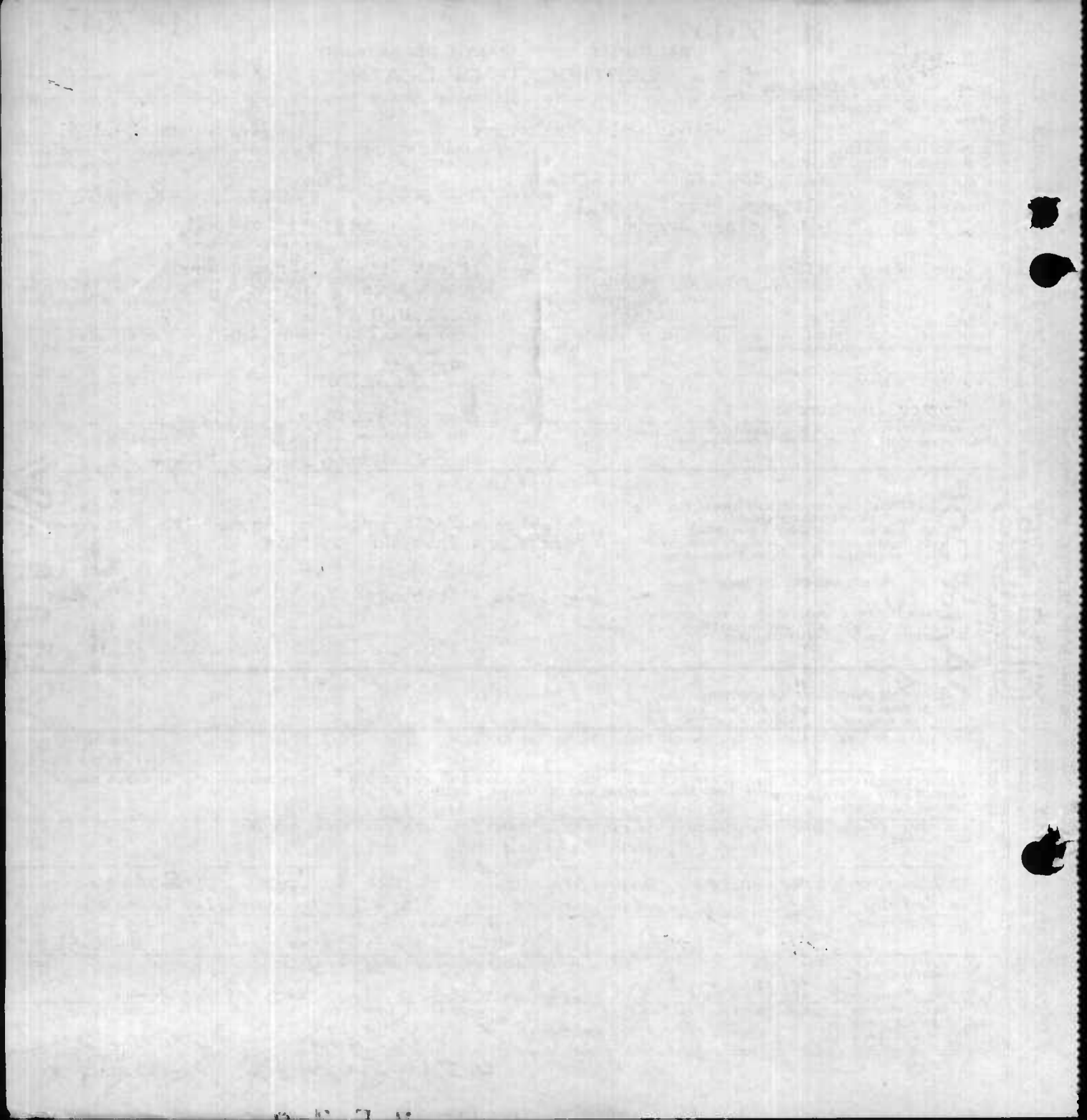
24A. BURIAL, CREMATION, REMOVAL (Specify) **Funeral** 24B. DATE **8/31/51** 24C. NAME OF CEMETERY OR CREMATORY **Mountfield** 24D. LOCATION (City, town, or county) (State) **W. Va.**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 30 1951** REGISTRAR'S SIGNATURE **W. J. Williams** 25. GENERAL DIRECTOR **W. J. Williams** ADDRESS **4510 Liberty Heights Ave**

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7546

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HENRY F. HUBER SR.</b>		2. DATE OF DEATH <b>Aug. 23, 1951</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md</b> b. COUNTY <b>15-11</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>407 S. Wickham Rd.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <b>3302 Barrington Rd.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 6, 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mfg. Representative</b>		9. AGE (In years last birthday) <b>60</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Marine Udw</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Henry Huber</b>		14. MOTHER'S MAIDEN NAME <b>Helen Pictor</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Mrs. Hilda B. Huber</b>		ADDRESS <b>3302 Barrington Rd.</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> (A) DUE TO	CAUSE OF DEATH <b>Coronary Thrombosis</b> (B) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (C) <b>Arteriosclerotic Cardiovascular Disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>1 year</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

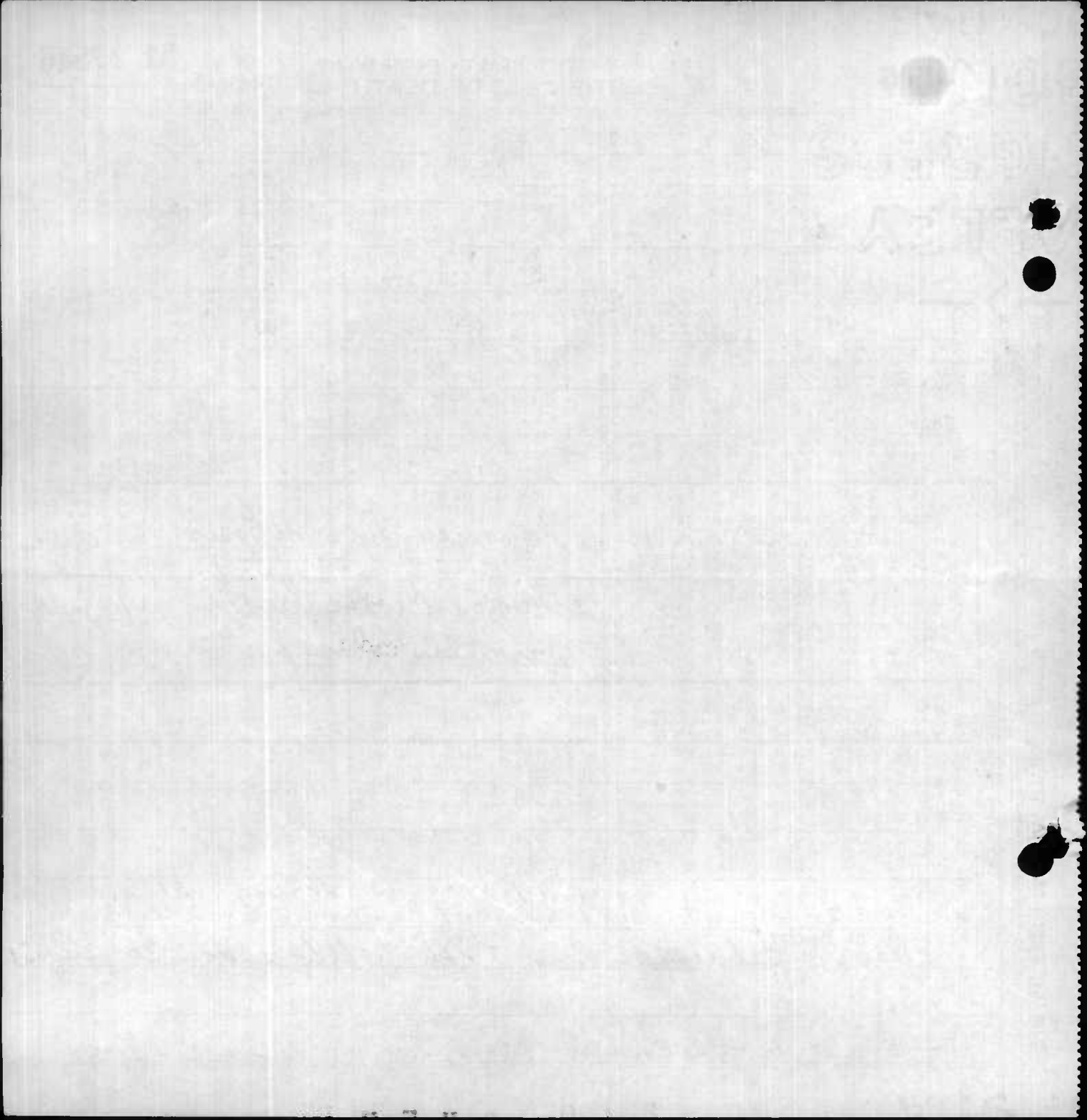
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>19 June 1937</b> to <b>28 Aug 1951</b> , that I last saw the deceased alive on <b>28 Aug 1951</b> and that death occurred at <b>9 P m.</b> from the causes and on the date stated above.				
23A. SIGNATURE <b>Chas W Edwards</b>	23B. ADDRESS <b>2746 The Alameda</b>	23C. DATE SIGNED <b>30-Aug-51</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/31/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tickner Sons, Inc. Balto Md.</b>	ADDRESS
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VS 150

490 3D

93D



MARGIN RESERVED FOR BINDING

T 656  
51 7547

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7547

Registered No. \_\_\_\_\_

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <b>MARY E. TRAINOR</b>	
2. DATE OF DEATH <b>Aug. 28, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3221 Belmont Ave.</b>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>3221 Belmont Ave.</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct. 5, 1878</b>
9. AGE (In years last birthday) <b>72</b>	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Patrick Downey</b>	14. MOTHER'S MAIDEN NAME <b>Margaret Kiley</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>
17. INFORMANT <b>Mrs. Adele Brennan - 3221 Belmont Ave.</b>	
ADDRESS	
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Arteriosclerosis</b> CAUSE OF DEATH (A) <b>Heart Disease</b> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>None</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>August 1949</b> to <b>8/28</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8/28</b> , 19 <b>51</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.	
23A. SIGNATURE <b>Sam Ralman</b>	23B. ADDRESS <b>1201 Pryor Ave St</b>
23C. DATE SIGNED <b>8/30/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/31/51</b>
24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. J. Williams, Jr.</b>
25. FUNERAL DIRECTOR <b>Wm. J. Pickner &amp; Sons</b>	ADDRESS <b>Balto, Md</b>

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE UNIVERSITY OF CHICAGO

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M# 600  
HLC- 151352  
51 7548

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7548  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>HENRY AUGUST MEYER</b>		2. DATE OF DEATH <b>8/28/51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>2723 Strathmore Ave.</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 25, 1870</b>	9. AGE (In years last birthday) <b>80</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>painter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>August Meyer (D)</b>		14. MOTHER'S MAIDEN NAME <b>Mary Thiele (D)</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>B.C.H. Records</b> ADDRESS <b>4940 Eastern Avenue</b>	

18. <b>002X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis</b> DUE TO <b>Over 1 Yr.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) ..... (C) .....	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

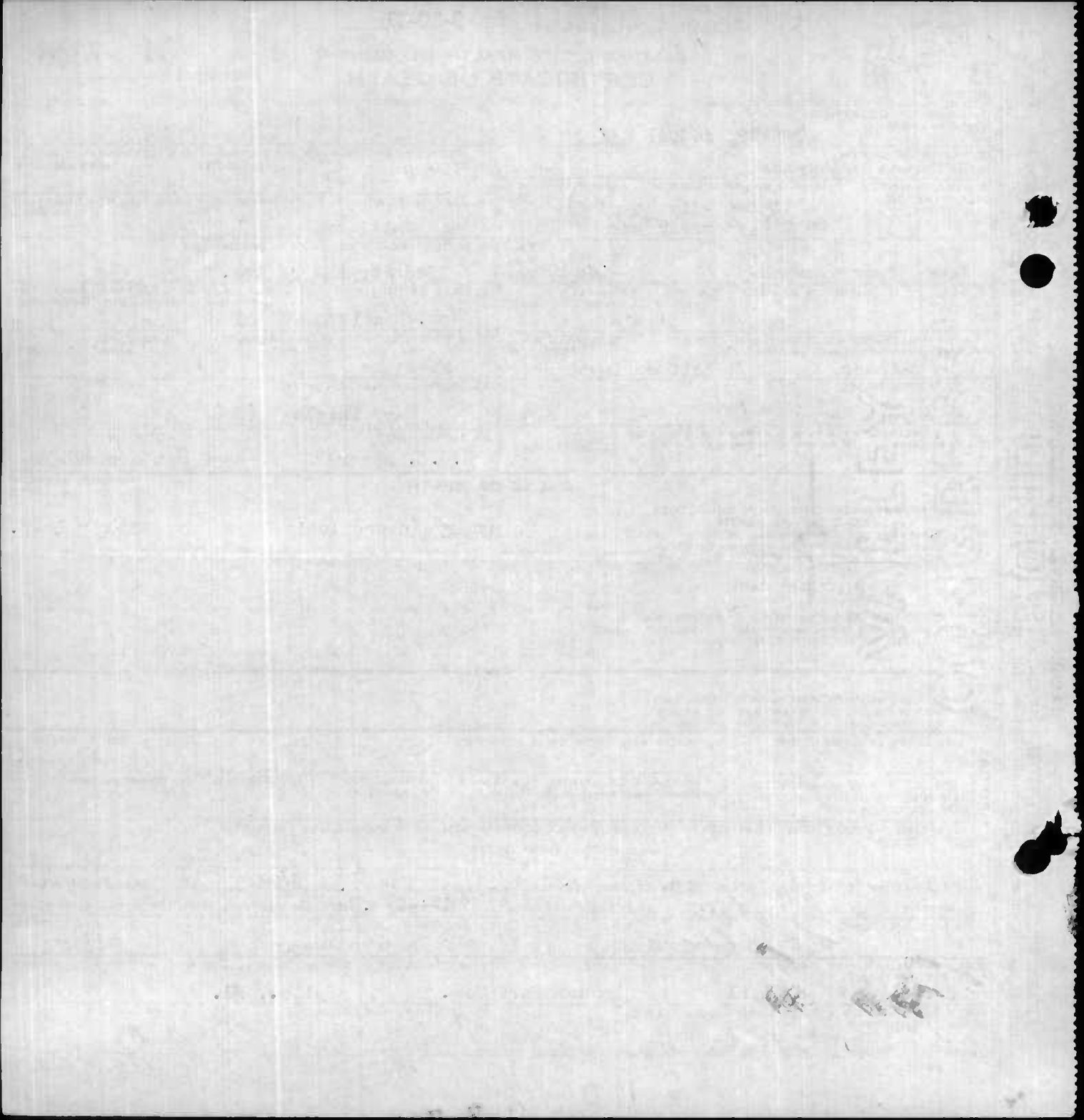
19A. DATE OF OPERATION <b>8/28/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/15/51</b> , 19 <b>51</b> , to <b>8/28/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8/28/51</b> , 19 <b>51</b> , and that death occurred at <b>12:40 (2:50) A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>P.S. Dogen</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>8/29/51</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/31/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Siskner</b>		25. FUNERAL DIRECTOR <b>Wm. J. Siskner</b>		ADDRESS <b>Balto., Md.</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 7549

**520**  
BIRTH NO. 7549

1. NAME OF DECEASED (Type or Print) <u>Annie Funk</u>			2. DATE OF DEATH <u>8/26/51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Univ. Hosp.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Balt. Md.</u> B. COUNTY <u>Balto.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Univ. Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>4-0</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>674 W. Fayette St.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Feb. 17, 1874</u>		9. AGE (In years last birthday) <u>77</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>	
13. FATHER'S NAME <u>UNKNOWN</u>			14. MOTHER'S MAIDEN NAME <u>Amelia Funk</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT ADDRESS <u>Hospital Records</u>	

18. <u>4/21 and 199.8</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CONGESTIVE HEART FAILURE</u> DUE TO <u>ANIMAL TUBERCULOSIS</u> DUE TO <u>A.S.C.V.D.</u> DUE TO <u>Terminal Malignancy</u>	CAUSE OF DEATH (A) <u>Congestive Heart Failure</u> (B) <u>Animal Tuberculosis</u> (C) <u>A.S.C.V.D.</u> <u>Terminal Malignancy</u>	INTERVAL BETWEEN ONSET AND DEATH
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>II</u>		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8/22</u> , 19 <u>51</u> , to <u>8/26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/26</u> , 19 <u>51</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>E. B. [Signature]</u>		23B. ADDRESS <u>Univ. Hosp., Balto.</u>		23C. DATE SIGNED <u>8/26/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>9/1/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park Cem.</u>	
24D. LOCATION (City, town, or county) <u>Woodlawn, Md.</u>		25. FUNERAL DIRECTOR <u>Wm. J. Tichener &amp; Sons</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 30 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Tichener &amp; Sons</u>		ADDRESS <u>Wm. J. Tichener &amp; Sons</u>	

51 7549 FSE Balto Cem.

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. *Chlorophyll a* (Chl *a*)

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 7550

BIRTH NO. 7550

1. NAME OF DECEASED (Type or Print) <b>HOWARD W. BAYNARD</b>			2. DATE OF DEATH <b>Aug. 29, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>5600 Harford Rd.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days <b>3611 Old York Rd.</b>			D. STREET ADDRESS (If rural, give location)		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 10, 1886</b>		9. AGE (in years, last birthday) <b>64</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>accountant</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Investment Securities</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>William H. Baynard</b>			14. MOTHER'S MAIDEN NAME <b>Hester Gorsuch</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO. <b>213-10-3663</b>		17. INFORMANT ADDRESS <b>Mr. Martin W. Seabolt - 1817 Munsey Bldg</b>	

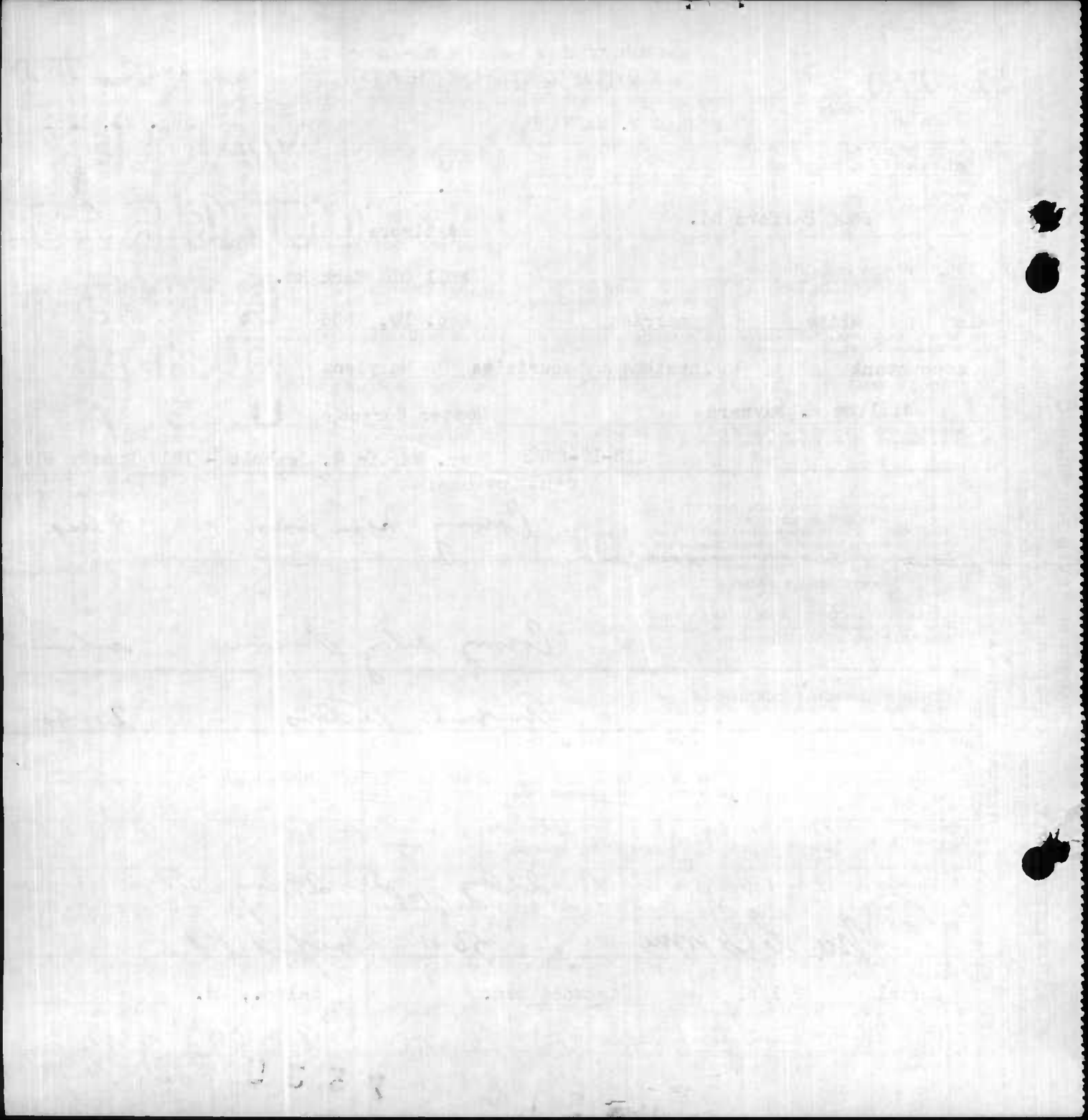
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Congestive heart failure</b>			DUE TO <b>unknown</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Angina pectoris</b>			DUE TO <b>2 wks.</b>		
19A. DATE OF OPERATION <b>9/1/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>22 Aug</b> , 19 <b>51</b> , to <b>29 Aug</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>6:10 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John C. Brown</b>		23B. ADDRESS <b>5600 Harford Rd.</b>		23C. DATE SIGNED	
24A. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/1/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem.</b>	
24D. LOCATION (City, town, or county) <b>Balto., Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 30 1951</b>		24F. REGISTRAR'S SIGNATURE <b>William H. Williams, M.D.</b>	
24G. FUNERAL DIRECTOR <b>Wm. J. Sicker &amp; Sons</b>		24H. ADDRESS <b>Balto., Md.</b>		24I. VS 150	

959087207535  
94a

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



C-5691 7551

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7551

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH V. CONNOR

2. DATE  
OF  
DEATH

Aug. 30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE D. C. B. COUNTY V-48 before admission)B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

60 Colonial Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Washington

D. STREET ADDRESS (If rural, give location)

200 Rhode Island Ave N.E.

C. Length of stay in Baltimore

8 Mos.  
Days

5. SEX

7

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4/18/68

9. AGE (In years  
last birthday)

83

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael CONNOR

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

J.E. Weeks

ADDRESS

4408 14th St. N.E.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) ARTERIO SCLEROTIC CARDIAC -  
DUE TO VASCULAR DISEASE & CONGESTIVE  
FAILURE  
(B) SENILITY  
DUE TO  
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1951, to 8/31, 1951, that I last saw the  
deceased alive on 8/30, 1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles H. Shaw

M. D.

23B. ADDRESS

701 Champlain Ave

23C. DATE SIGNED

8/29/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Sept. 5/51

24D. LOCATION (City, town, or county) (State)

Mt. Olivet

Washington

D.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke 4101 Edmondson Ave.

VS 150

93D

1951 0 0 0 2 5 2 4

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.



Francis J Collins

3821 14th St N.W.

Wash D.C.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7552

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Johanna R. Gorsch

2. DATE  
OF  
DEATH

Aug. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence  
A. STATE B. COUNTY before admission)

Md

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

South Baltimore General (DOR)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balt

23-03

c. Length of stay in Baltimore

41

D. STREET ADDRESS (If rural, give location)

1819 Kanawha Rd

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 3, 1892

9. AGE (In years  
last birthday)

59 yrs

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

Repair Hats

10B. KIND OF BUSINESS OR  
INDUSTRY

Linen Thread Co

11. BIRTHPLACE (State or foreign country)

County Mayo Ireland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas Maher

14. MOTHER'S MAIDEN NAME

Margaret Dwyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Catherine Sigafos 208 Audrey Ave

18.

443 X 1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypertensive Cardio-  
Vascular DiseaseINTERVAL BETWEEN  
ONSET AND DEATH

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Rammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Aug. 30, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 3, 1951

24C. NAME OF CEMETERY OR CREMATORY

Bedon Hill

24D. LOCATION (City, town, or county)

A a b

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Rammer, Jr.

25. FUNERAL DIRECTOR

ADDRESS

A. Howard Evans 1400 A. Charles St

V S 151

554 45 7 537

93D

✓

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

51 7553

51 7553

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary K. Watts

2. DATE  
OF  
DEATH

Aug. 28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

316 S. Mount St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

316 S. Mount St.

c. Length of stay in Baltimore 60 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 10, 1872

9. AGE (In years  
last birthday)

78

10 Under 1 Year 11 Under 24 Hours  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

-----Kuehne

14. MOTHER'S MAIDEN NAME

-----Dietrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John H. Hahn, 316 S. Mount St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

Coronary Occlusion

1/2 hour

ANTECEDENT CAUSES

DUE TO

(B) .....

Hypertensive C-V Disease

Many years

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to Aug 28, 1951, that I last saw the  
deceased alive on Aug 28, 1951, and that death occurred at 12 midnight, from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M. D.

23B. ADDRESS

206

23C. DATE SIGNED

8/29/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Aug. 31/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)  
(State)DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Linton Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke 4101 Edmondson Ave

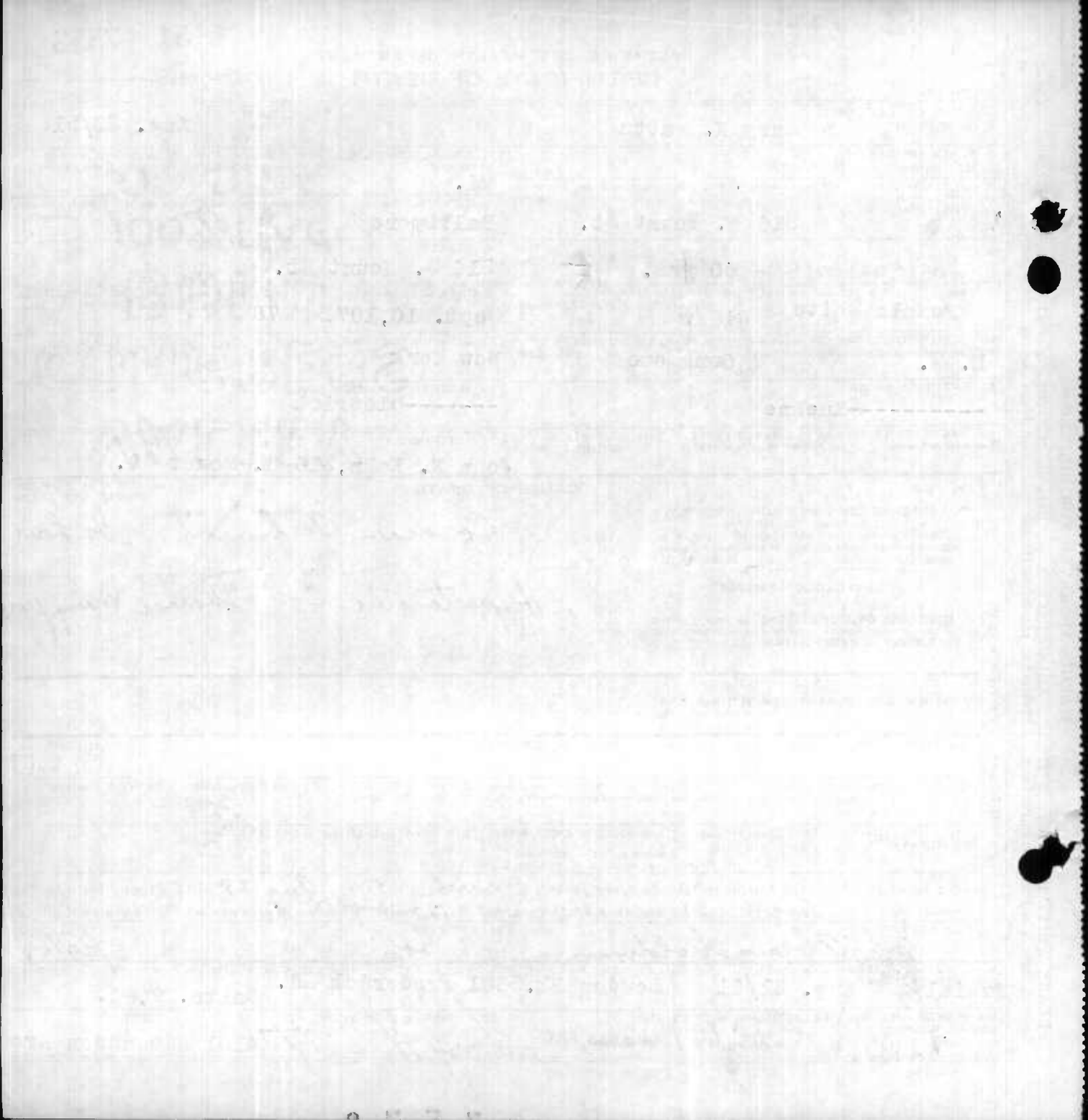
AUG 31 1951

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

K 422 51 7554

51 7554

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Laura D. Klages		Aug. 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
2864 Lake Ave.		Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
Baltimore		2864 Lake Ave. 27-01	
c. Length of stay in Baltimore		E. DATE OF BIRTH	
Yrs. Mos. Days		Mar. 25, 1881	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday)
Female	White	Married	70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Housewife		Baltimore, Maryland.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frank Seth		Unknown Warner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
William R. Klages		2864 Lake Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO		Anteriodorotic Cardio	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		Vascular Disease & Cardio Failure	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1, 1950 to Aug 29, 1951, that I last saw the deceased alive on Aug 28, 1951, and that death occurred at 1:35 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. B. Stevens		3400 Edman Ave		8/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		9-1-51		Cedar Hill	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore, Md.		Wm. Cook Inc.		1217 St. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
AUG 31 1951		Huntington Williams, Jr.		Wm. Cook Inc.	





C-550

51 7555

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 7555

BIRTH NO.			1. NAME OF DECEASED (Type & Print) <b>(RED) THOMAS GLENN CANNEN</b>			2. DATE OF DEATH <b>8/29/57</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>N.Y.</b> B. COUNTY <b>V-29</b>					
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>UNION MEMORIAL HOSP</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>COHUES</b>					
c. Length of stay in Baltimore <b>UNKNOWN</b>			D. STREET ADDRESS (If rural, give location) <b>98 MOHAWK ST</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>3/31/1909</b>		9. AGE (In years last birthday) <b>42</b>		10 Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINISTER</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <b>BALTIMORE MD</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>JAMES E. CANNEN</b>			14. MOTHER'S MAIDEN NAME <b>ANNA ANDERSON</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>WIFE TEMP-579 ANNESLIER</b>			

18. <b>561.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO <b>(A) uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <b>(B) bilateral lower nephron nephrosis</b>			<b>2 weeks</b>				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>(C) gangrenous segment of terminal ileum</b>			<b>15 days</b>				
19A. DATE OF OPERATION <b>Aug 14, 1957</b>		19B. MAJOR FINDINGS OF OPERATION <b>Strangulated hernia involving terminal ileum</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 14, 1957</b> , to <b>Aug 29, 1957</b> , that I last saw the deceased alive on <b>Aug 29, 1957</b> , and that death occurred at <b>10:10 P.M.</b> , from the causes and on the date stated above.							
23A. SIGNATURE <b>Alfred S. Nelson</b>				23B. ADDRESS <b>Baltimore 18, Maryland</b>		23C. DATE SIGNED <b>Aug 30, 1957</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>9/1/57</b>		24C. NAME OF CEMETERY OR CREMATORIUM <b>LODGE PARK</b>		24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, MARYLAND</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 29 1957</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Wm. Corle, Inc., 1217 E. Paul St.</b>			

STATE OF TEXAS  
COUNTY OF DALLAS

1904

1904

0000

D-545-51 7556

51 7556

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

ND-106222

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rufus Franklin Smullen

2. DATE  
OF  
DEATH

Aug. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

26-12

c. Length of stay in Baltimore

70 Yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 30, 1879

9. AGE (In years

last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerk - Ret.

10B. KIND OF BUSINESS OR

INDUSTRY

New Fountain Hotel

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Worthington James Smullen

14. MOTHER'S MAIDEN NAME

Isabelle May McGrath

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18.

150X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of esophagus

DUE TO

8 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Metastases to liver

DUE TO

6 Mos.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-14-51

19B. MAJOR FINDINGS OF OPERATION

Lymph Node Biopsy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1946, to 8-28, 1951 that I last saw the  
deceased alive on 8-28, 1951, and that death occurred at 9:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-30-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

8/31/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Worthington Williams, M.D.

25. FUNERAL DIRECTOR

Arm. Cook, Inc.,

ADDRESS

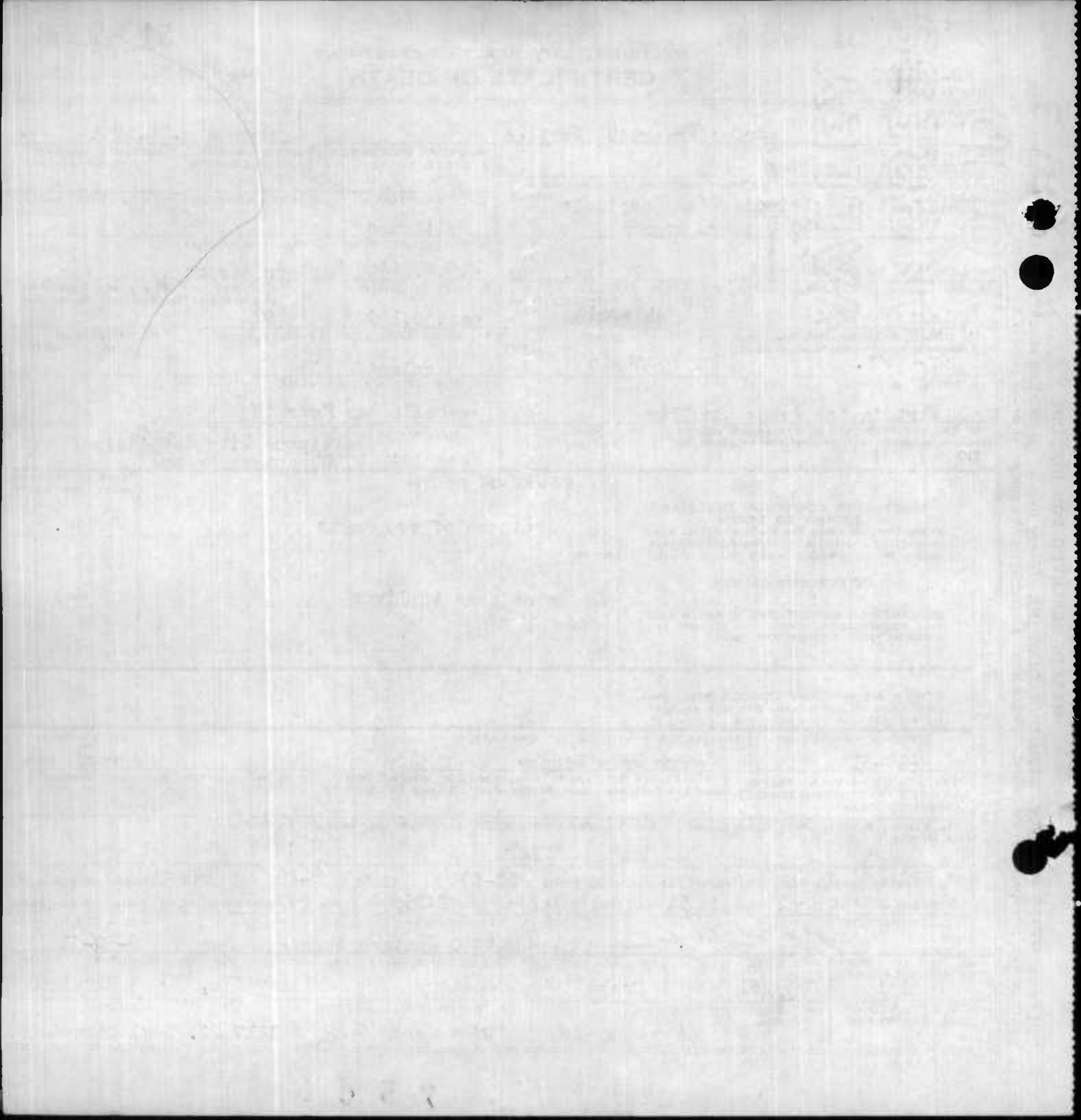
1217 St. Paul Street

VS 150

195 39888 7541

46a

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





T460 51 7557

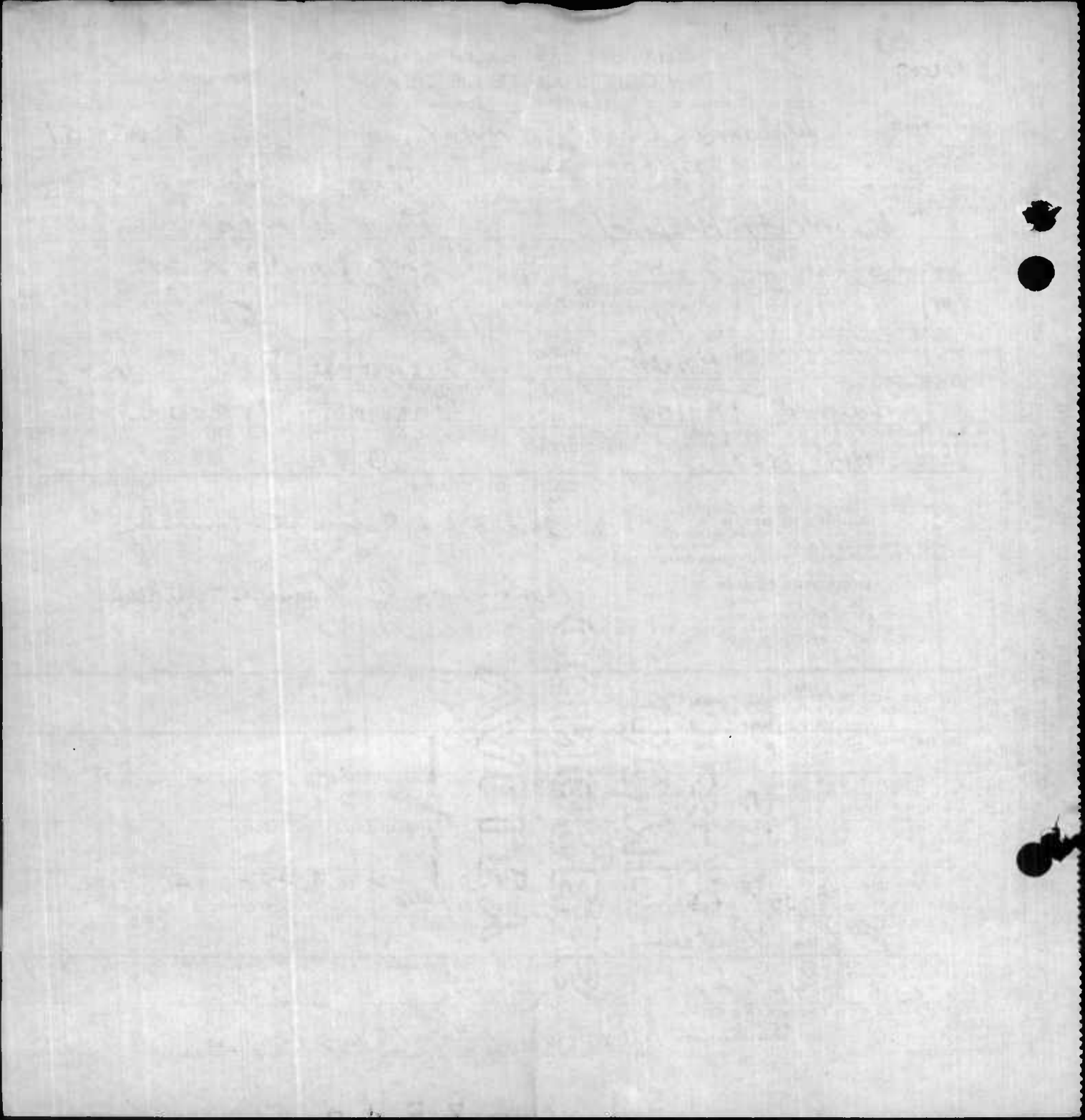
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>Howard Oscar Taylor</b>			2. DATE OF DEATH <b>8-25-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Texas</b> B. COUNTY <b>Harris</b> C. CITY OR TOWN <b>Fort Worth</b>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			D. STREET ADDRESS (If rural, give location) <b>205 LA MAR ST</b>					
c. Length of stay in Baltimore <b>2 wk's</b>			Yrs. Mos. Days					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>1891-9-19</b>		9. AGE (In years last birthday) <b>59</b>		10. Under 1 Year Months: <b>11</b> Days: <b>6</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Painter</b>			11. BIRTHPLACE (State or foreign country) <b>Scranton PA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Edward Taylor</b>			14. MOTHER'S MAIDEN NAME <b>Charlott Greene</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b> 1914-1927		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Wife</b>			ADDRESS		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>151X I Gastro intestinal flu</b>			CAUSE OF DEATH (A) <b>Gastro intestinal flu</b>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinoma of stomach &amp; intestine</b>			(B) <b>Carcinoma of stomach &amp; intestine</b>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <b>8/31/51</b>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>8-20</b> , 19 <b>51</b> , to <b>8-25</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8-25</b> , 19 <b>51</b> , and that death occurred at <b>1200</b> m., from the causes and on the date stated above.								
23A. SIGNATURE <b>O. H. Watson</b>			23B. ADDRESS			23C. DATE SIGNED		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24B. DATE <b>8/31/51</b>			24C. NAME OF CEMETERY OR CREMATORY <b>U.S. National</b>		
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>			24E. DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 31 1951</b>			24F. REGISTRAR'S SIGNATURE <b>Thurston Williams, Jr.</b>		
24G. FUNERAL DIRECTOR <b>Wm. Cook Inc.</b>			24H. ADDRESS <b>1217 St. Paul St.</b>					





524 51 7558

51 7558

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Minnie A. Engelmeyer		August 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland	
2713 Kennedy Avenue		B. COUNTY	
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Baltimore	
5. SEX female		D. STREET ADDRESS (If rural, give location)	
6. COLOR OR RACE white		2713 Kennedy Avenue	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		9-07	
8. DATE OF BIRTH Oct. 20, 1869		9. AGE (In years last birthday) 81	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY ✓	
13. FATHER'S NAME Joseph Etzel		14. MOTHER'S MAIDEN NAME Minnie A. Dietz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Clara P. Gardner, 2713 Kennedy Avenue		ADDRESS	
18. 592 X, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Broncho Pneumonia Emboli of Brain Arterio Sclerosis Hypertension INTERVAL BETWEEN ONSET AND DEATH 5 days 8 days 1 yr 1 yr			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from August 30, 1950, to August 30, 1951, that I last saw the deceased alive on August 24, 1951, and that death occurred at 3 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Thomas E. A. Stearns		23B. ADDRESS 2878 Hartford Rd	
23C. DATE SIGNED 8.30.51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 9/3/51	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR AUG 31 1951		REGISTRAR'S SIGNATURE William H. Williams	
25. FUNERAL DIRECTOR H.M. Cook, Inc.		ADDRESS 1217 St. Paul Street	

1751000

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY

COMPRESS

BOND

51 7559

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7559

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Fannie Smith

2. DATE  
OF  
DEATH

August 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Belts, city

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1047 Brantley Ave 16-01

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-11-05

9. AGE (In years  
last birthday)

46

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Eugene Calhoun

14. MOTHER'S MAIDEN NAME

Cora Belle Oemley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

443X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Hypertensive + arteriosclerotic  
Cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C) DUE TOII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1951, to 8-22, 1951, that I last saw the  
deceased alive on 8-22, 1951, and that death occurred at 10 P. M., from the causes and on the date stated above.

23. SIGNATURE

Thomas Franklin Williams

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/27/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-1-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Chas. O. Wilson 1000 Brantley

ADDRESS





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200

51 7560

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

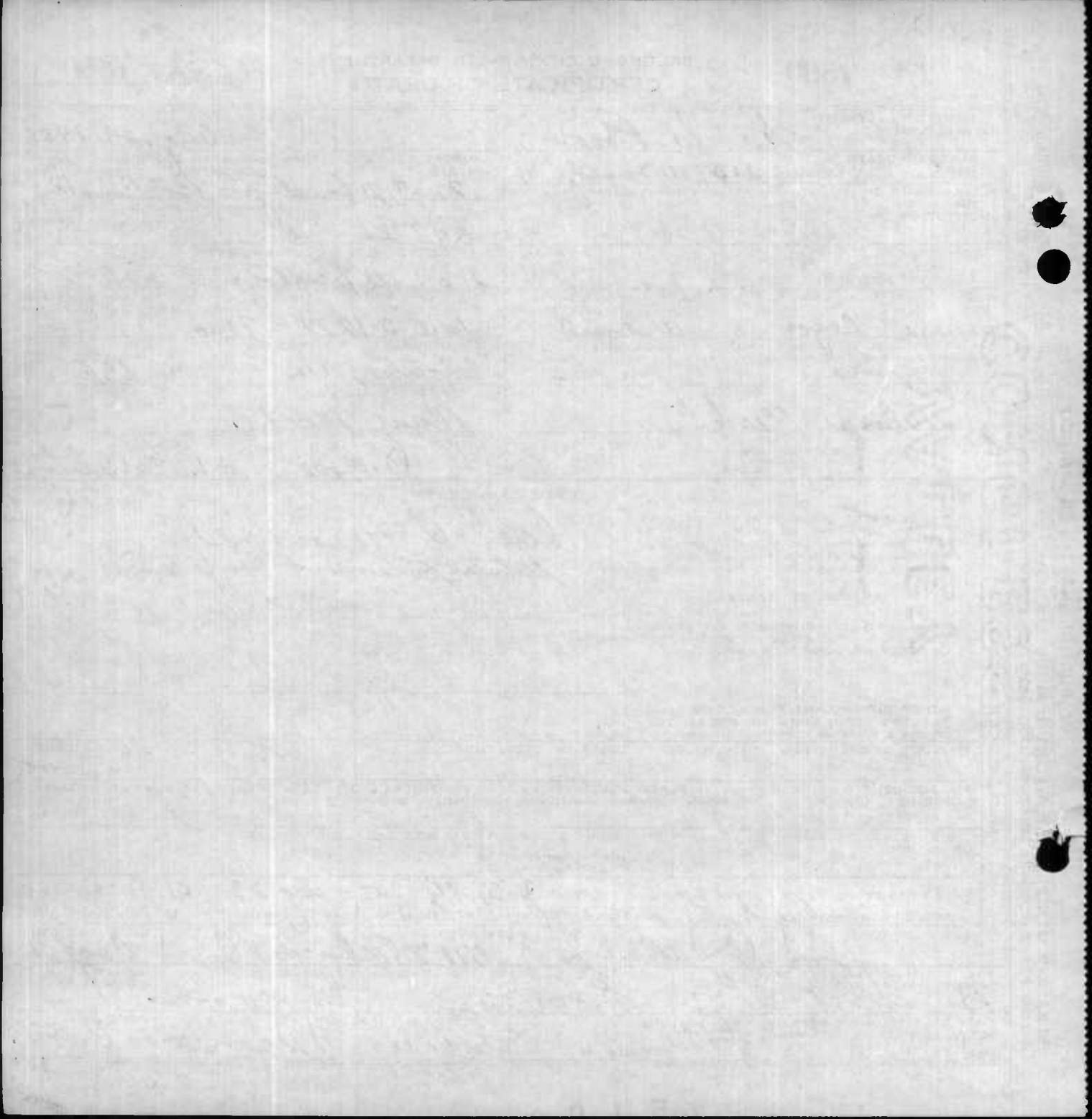
Registered No. 51 7560

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Sarah Rose		Aug. 29-1951	
3. PLACE OF DEATH:					
A. Baltimore City, Maryland 2137 W Saratoga St					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION					
C. Length of stay in Baltimore					
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)					
A. STATE B. COUNTY					
2137 W Saratoga St Baltimore MD					
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Baltimore					
D. STREET ADDRESS (If rural, give location)					
2137 W Saratoga St 20-02					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years, last birthday)	10. Under 1 Year Months: Days
Female	Negro	Widowed	June 2-1877	74 yrs	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
none		none	Edgerton, Va		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Nelson Macklin			Mary Macklin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no				D. Rose 2137 W Saratoga	

18. 331X I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO	Cerebral Hemorrhage	
ANTECEDENT CAUSES	(B) DUE TO	Arteriosclerosis & Hypertension	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 10, 1951, to Aug 29, 1951, that I last saw the deceased alive on Aug 28, 1951, and that death occurred at 6 A. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Dr. J. J. Williams, M.D.		511 N. Schroeder St		8/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	24E. STATE	
Burial	9-2-51	Edgerton, Va	Emporia, Va		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
AUG 31 1951		J. J. Williams, M.D.		Elroyo. Wilson 1100 Bryant St	





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

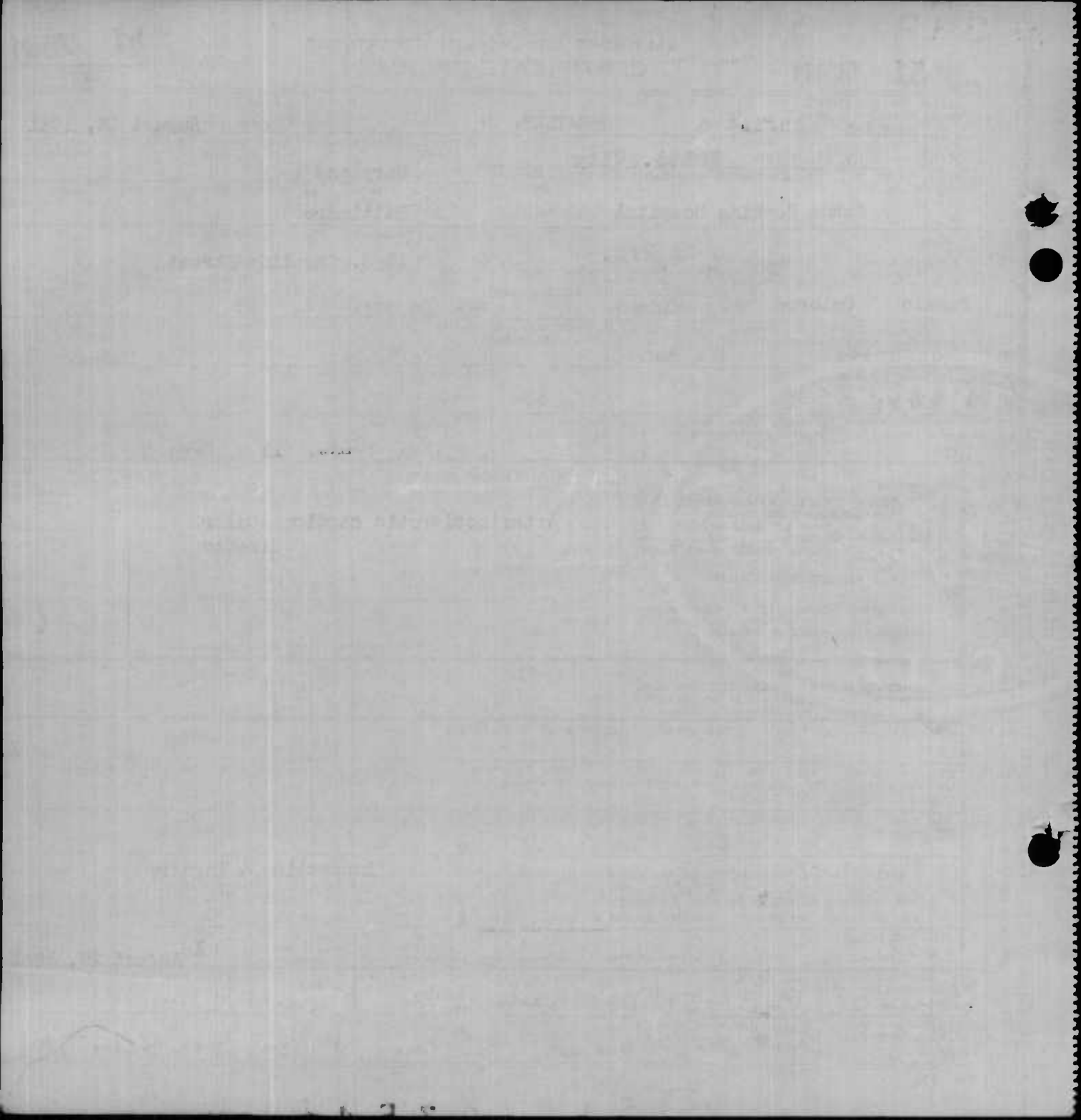
MARGIN RESERVED FOR BINDING

W-340

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7561

BIRTH NO. 51 7561		2. DATE OF DEATH August 28, 1951	
1. NAME OF DECEASED (Type or Print) Annie Henrietta WHEATLEY		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 25 Yrs.		D. STREET ADDRESS (If rural, give location) 11 S. Caroline Street 3-01	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 25, 1911
9. AGE (in years last birthday) 46		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Norfolk, Va.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Mandy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Mildred Dowdy, 11 S. Caroline St.			
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic cardiovascular disease DUE TO disease			
ANTECEDENT CAUSES (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased d'ed on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley K. Dumlacher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	
23C. DATE SIGNED August 29, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-31-51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem		24D. LOCATION (City, town, or county) Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 31 1951		REGISTRAR'S SIGNATURE Thelington Williams, Jr.	
25. FUNERAL DIRECTOR		ADDRESS Chas. O. Wilson 1000 Brantley Ave	



M-326  
M-325  
51 7562

51 7562

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Mirtha Mitcher (Mitchner) Aug. 29, 1951

2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION  
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Baltimore 6-04D. STREET ADDRESS (If rural, give location)  
308 N. Durham St

c. Length of stay in Baltimore 32 Yrs.

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH

May-24-1896

9. AGE (In years

last birthday) 55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Fremont N.C.

12. CITIZEN OF

WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

John Books

14. MOTHER'S MAIDEN NAME

Sarah Right

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alexander Mitchner 208 N. Durham St.

18.

443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebro-vascular accident

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Hypertensive cardiovascular disease

one year

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonitis, acute, cause undetermined 8 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1951, to 8/29, 1951, that I last saw the deceased alive on 8/29, 1951, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Williams

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/1/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Eloy Wilson 1000 Buntly ave

VS 150

7547

935

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BOND

WONG KASS

VALLEY

AC 1

1027

51 7553

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7553

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

LAWRENCE PATTERSON

2. DATE  
OF  
DEATH

Aug 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-25

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

c. Length of stay in Baltimore

Six

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

207 N. AMITY ST. 18-01

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-11-12

9. AGE (In years  
last birthday)

39

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Doctor

10B. KIND OF BUSINESS OR  
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Oskar Patterson

14. MOTHER'S MAIDEN NAME

Laura Dickerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

416 X 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Rheumatic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Surgery - subtotal gastric resection

19A. DATE OF OPERATION

8-25-51

19B. MAJOR FINDINGS OF OPERATION

Hypertrophic gastritis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-1951 to 8-29-1951, that I last saw the  
deceased alive on 8-29-1951, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Warren A. Clohiesky Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-1-51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 31 1951

Chas. S. Wilson 1000 Broad

VS 150

7806C

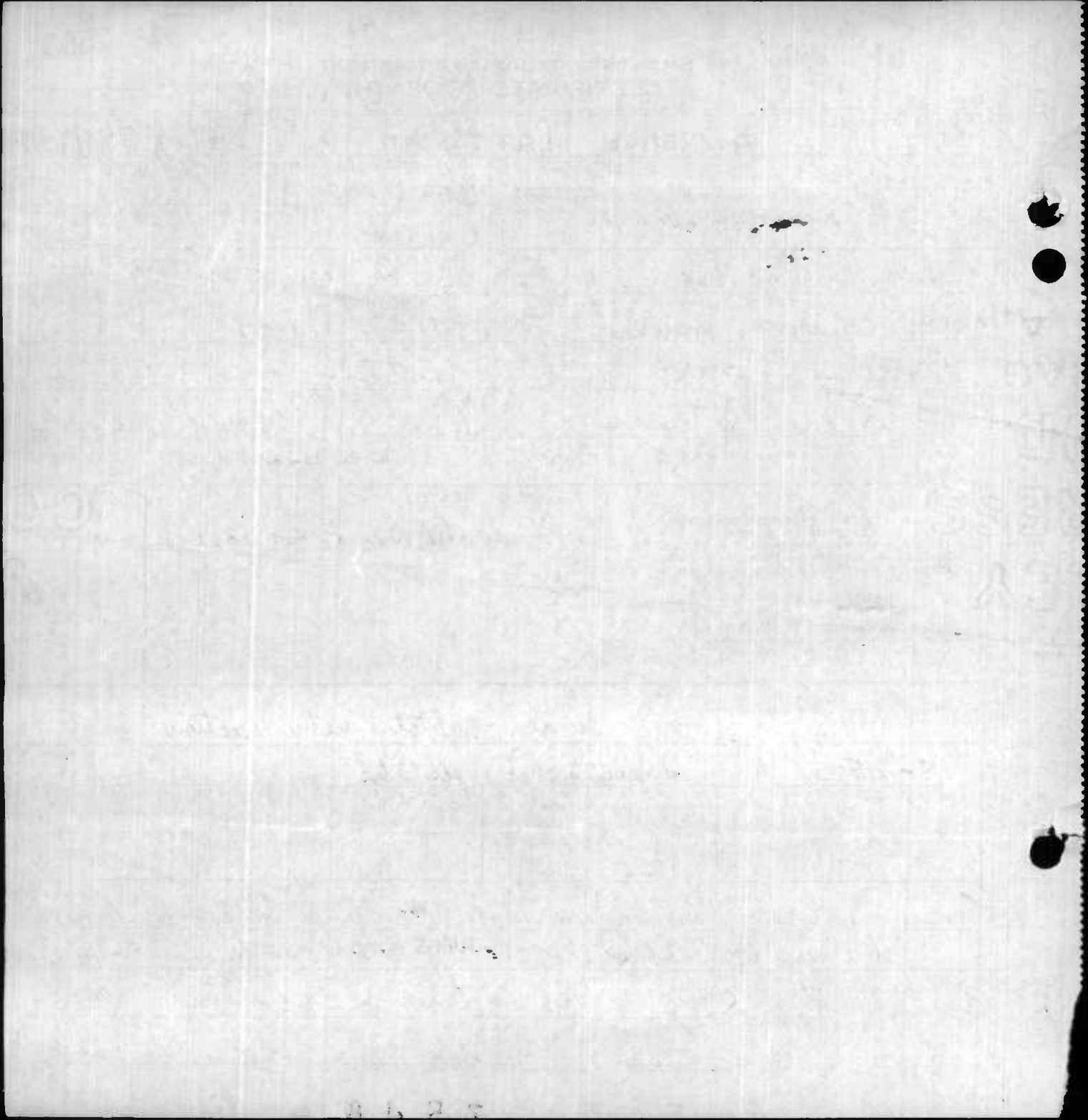
118

4510002540

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





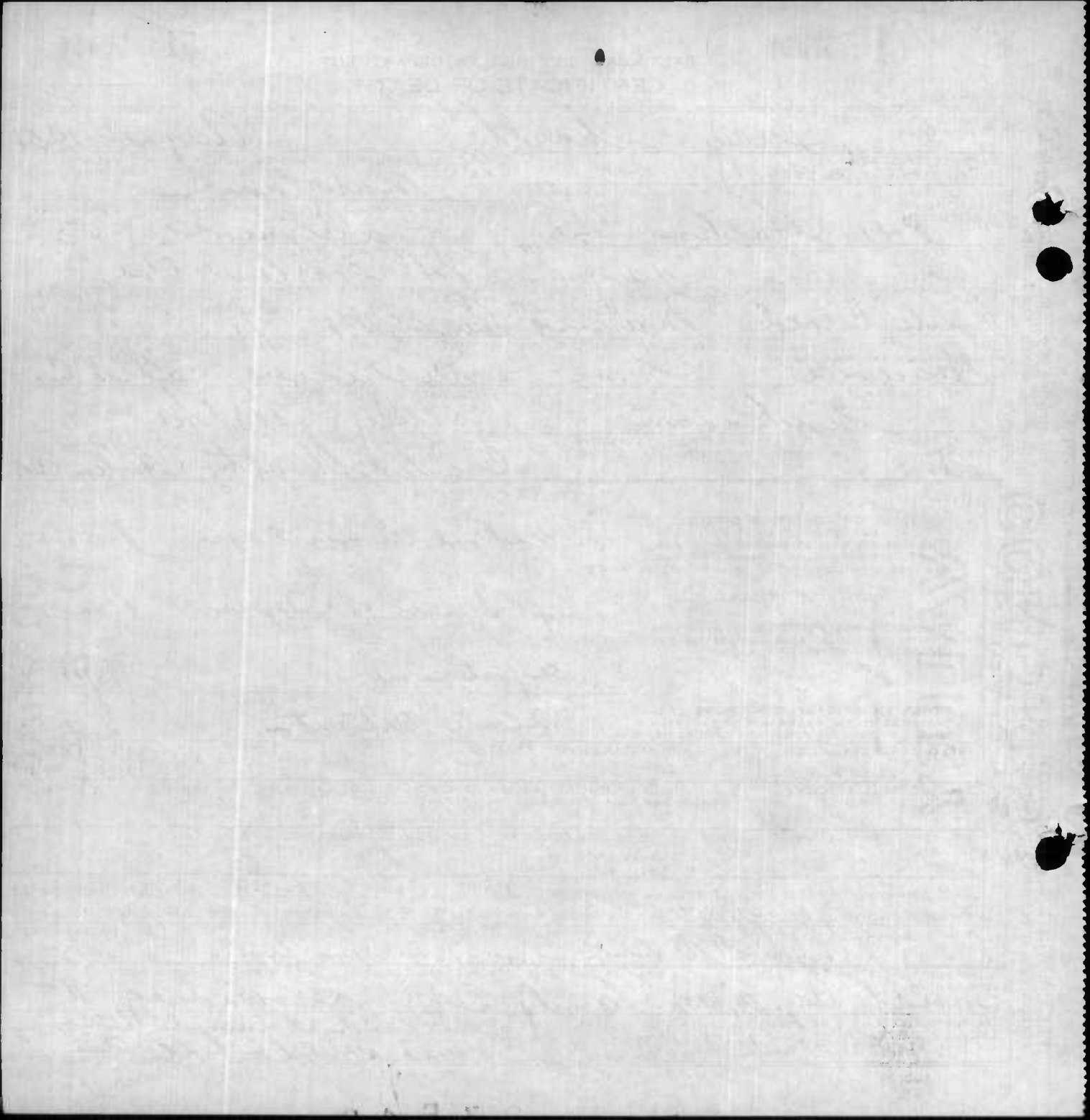
51 7564

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7564

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lucy Shaulitz</i>		2. DATE OF DEATH <i>Aug. 29, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>841 Harlem Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 17-03</i>			
c. Length of stay in Baltimore <i>42 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>841 Harlem Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 25, 1880</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTH PLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Lucy Stalker</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Charles Shaulitz</i>	
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>8-29-51</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Left sided Paralysis</i> DUE TO		(B) <i>Hypertension</i>		<i>8-11-51</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Acute Arthritis</i>		(C)		<i>8/3/51</i>	
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-3</i> , 19 <i>51</i> , to <i>8-29</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8-29</i> , 19 <i>51</i> , and that death occurred at <i>7 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. H. Come</i>		23B. ADDRESS <i>1131 Harlem Ave.</i>		23C. DATE SIGNED <i>8/30/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 30, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Family lot</i>	
24D. LOCATION (City, town, or county) (State) <i>Brownburg, Va</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>		ADDRESS <i>1631 Druid Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 31 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 7565

BIRTH NO. 51 7565

1. NAME OF DECEASED (Type or Print) <b>MOELLER, Lulu Estelle</b>			2. DATE OF DEATH <b>Aug. 30, 1951.</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>life</b>			D. STREET ADDRESS (If rural, give location) <b>2816 Hollins Ferry Road</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>12-13-76</b>		9. AGE (In years last birthday) <b>74</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>25-42</b>
13. FATHER'S NAME <b>Henry Deering</b>			14. MOTHER'S MAIDEN NAME <b>Pemelia Wade</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(Yes, no or unknown)</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Rd.</b> <b>Mr. Justus J. Moeller - 2816 Hollins Ferry</b>		

MEDICAL CERTIFICATION

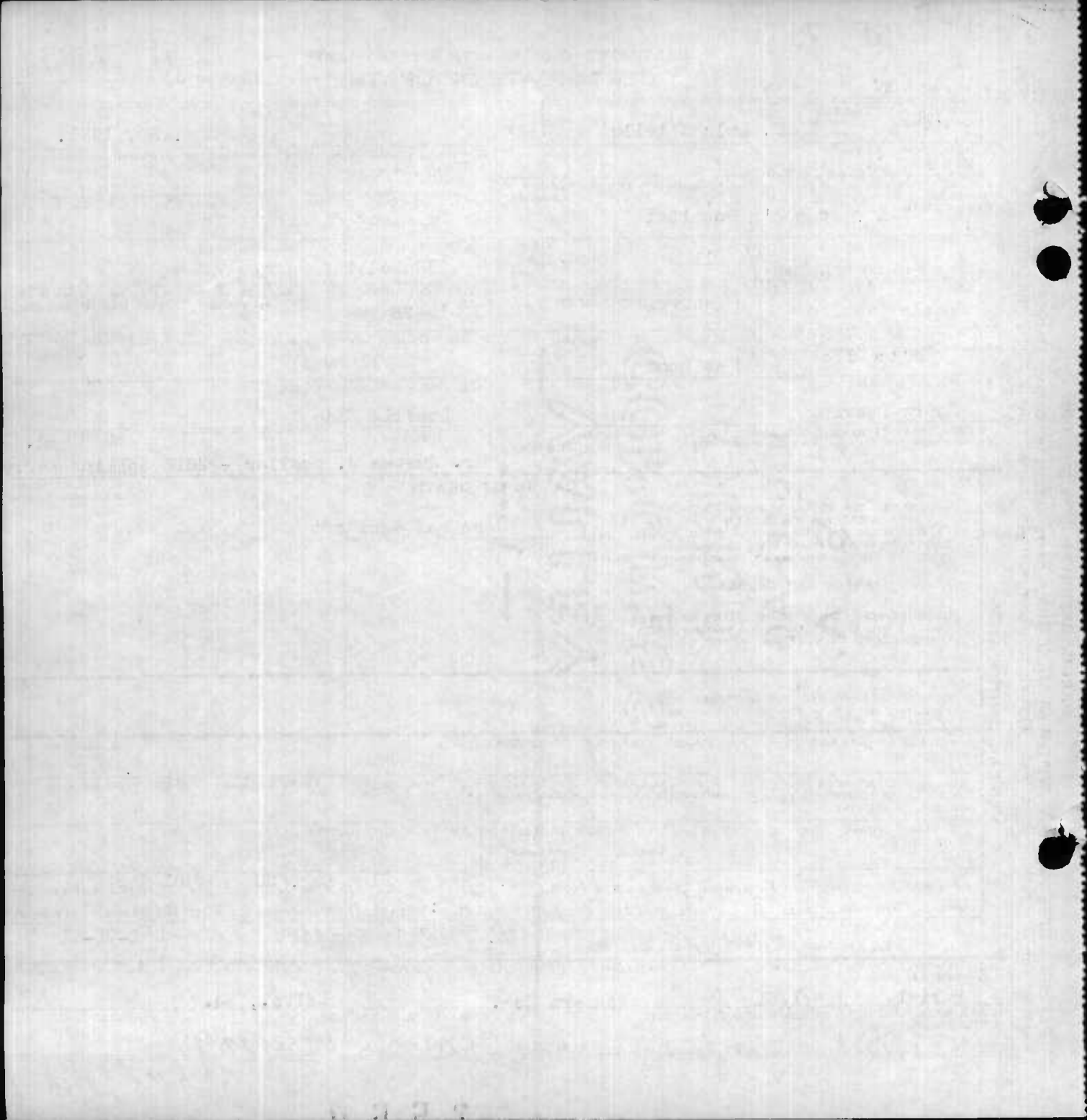
18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Accident</b> (A) ..... DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... DUE TO (C) .....					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>9</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug. 29</b> , 19 <b>51</b> , to <b>Aug. 30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Aug. 29</b> , 19 <b>51</b> , and that death occurred at <b>2:40A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Edward M. Rehak</b> M. D.		23B. ADDRESS <b>St. Joseph's Hospital</b>		23C. DATE SIGNED <b>8-30-51</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/1/51</b>	24C. NAME OF CEMETERY or CREMATORY <b>Western Cam.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 31 1951</b>		REGISTRAR'S SIGNATURE <b>William M. Williams</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tiekener &amp; Sons</b> ADDRESS <b>83a Balto, Md.</b>

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





S-512  
51 7566BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7566  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nicholas B Simpson

2. DATE  
OF  
DEATH

8/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

42 Sinai Hospital

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct 5 1876

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR  
INDUSTRYYoung & Seldner  
LITHOGRAPHING

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm R. Simpson

14. MOTHER'S MAIDEN NAME

Anna M. Smick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Carey McAfee

ADDRESS

Same

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinoma of Stomach -  
metastasis to liver & large  
bowel & extension to duodenum.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) terminally ill. had  
uremia & liver dysfunction.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/8/51

19B. MAJOR FINDINGS OF OPERATION

Ca of Stomach - extension to adjacent structures

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5 1951 to 8/29 1951, that I last saw the  
deceased alive on 8/29 1951, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. David Solomon

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

8/30/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 1/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town or county) (State)

Loring Byers Rd  
Baltimore MdDATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Loring Byers

ADDRESS

AUG 31 1951

VS 150

3424M

7551

5805 Park Hyge  
46 B ave

MARG. RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1/10/1901  
Dear Sir,  
I have the pleasure to inform you that  
the order for 100 copies of the  
"History of the County of York" has been  
received and the books are now being  
prepared for shipment.  
I am, Sir, very respectfully,  
Yours,  
J. H. [Name]  
County of York

1/10/1901  
Dear Sir,  
I have the pleasure to inform you that  
the order for 100 copies of the  
"History of the County of York" has been  
received and the books are now being  
prepared for shipment.  
I am, Sir, very respectfully,  
Yours,  
J. H. [Name]  
County of York

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Mrs. Florence Kelley

2. DATE  
OF  
DEATH

August 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3520 Elm Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3520 Elm Avenue

c. Length of stay in Baltimore

60 years

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 15, 1867

9. AGE (in years  
last birthday)

84

If Under 1 Year If Under 24 Hours  
Months Days Hours Min10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Phillip Hare

14. MOTHER'S MAIDEN NAME

Isabelle Albin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
---

17. INFORMANT

Miss Irene Hare

ADDRESS

3520 Elm Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949 to Aug 29, 1951, that I last saw the  
deceased alive on Aug 29, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

B. G. Dillick

M. D.

23B. ADDRESS

3645 Falls Rd Balto

23C. DATE SIGNED

8/31/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 1, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

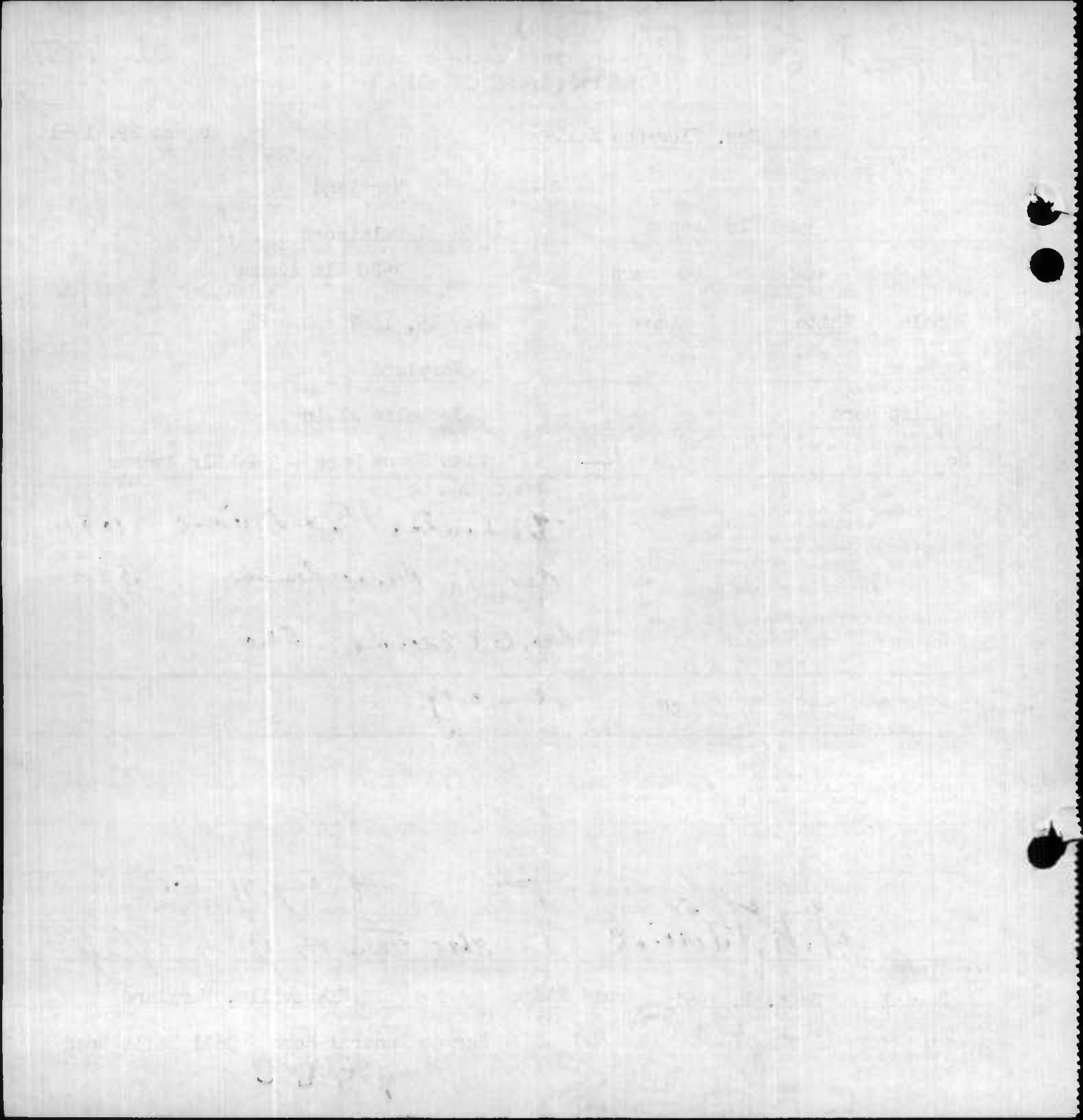
3631 Falls Road

AUG 31 1951

VS 150

Norace, P. Burgee

131a



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7568

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ABSALOM

BERRY

2. DATE  
OF  
DEATH

August 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1923 Etting Street

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1923 Etting Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-19-1897

9. AGE (in years  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRYTheatrical picture  
operator

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland USA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Berry

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

212-03-9111

17. INFORMANT

Mildred Berry 1923 Etting Street

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 31, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 31 1951

Huntington Williams, M.D.

Mrs. Lollie Gross 1408 Ashland Ave

VS 151

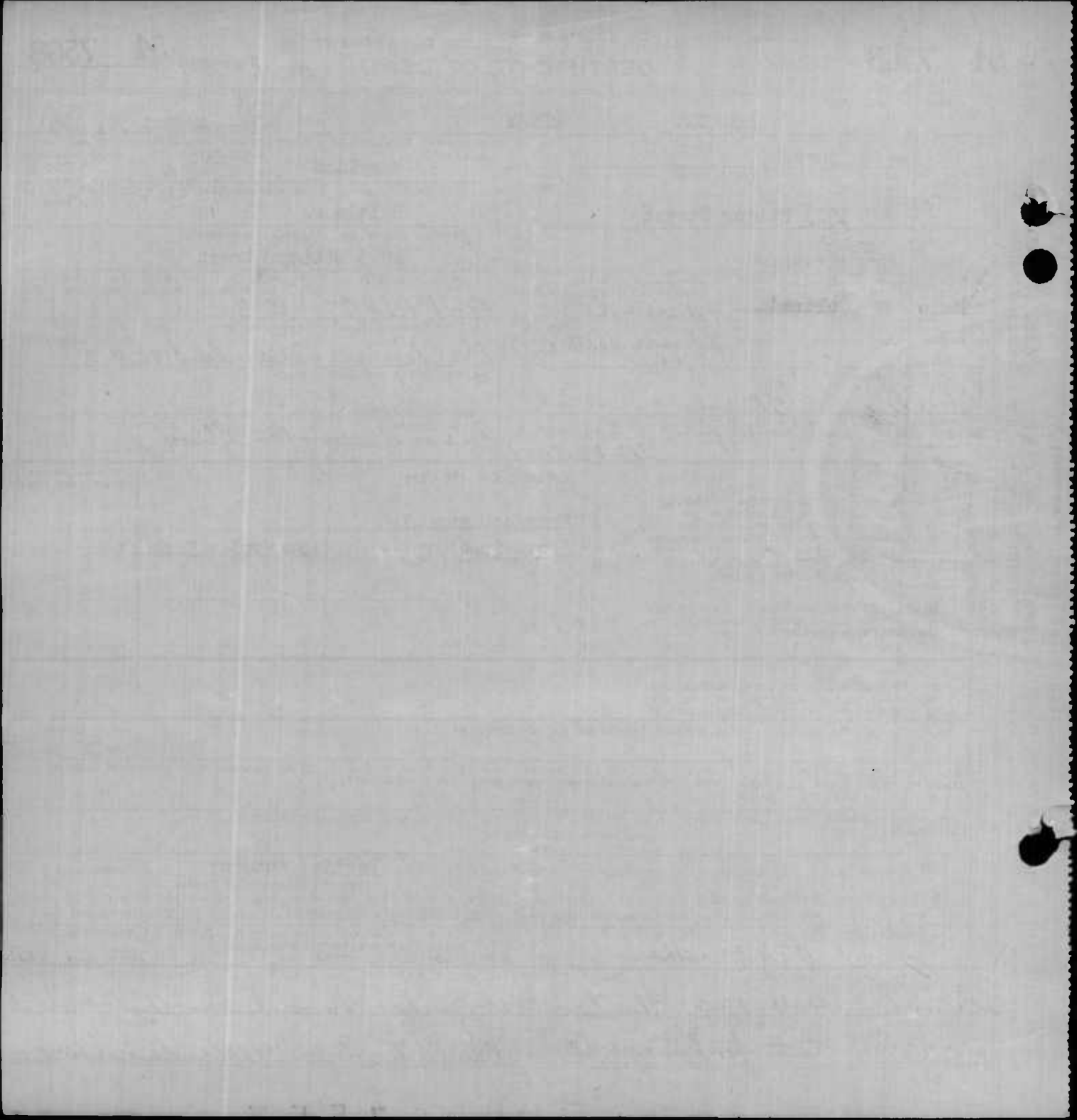
5628K

93D

V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



R-600  
51 7569BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7569

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Henry Reier Jr

2. DATE  
OF  
DEATH

8-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto Glen Arm (rural)

D. STREET/ADDRESS (If rural, give location)

Glen Arm Road

5200

c. Length of stay in Baltimore

40

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

8-8-1911

9. AGE (in years  
last birthday)

40

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

fired

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm H. Reier

14. MOTHER'S MAIDEN NAME

Julia Dunleavy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Wife

ADDRESS

18. 416X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Mitral Stenosis &amp; Insufficiency

DUE TO

(C) Rheumatic Heart Disease

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-1951 to 8-31-1951, that I last saw the  
deceased alive on 8-31-1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Chas. Watson

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

8-31-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 3, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. John's Catholic Cem.

24D. LOCATION (City, town, or county)

Long Green, Balto. Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

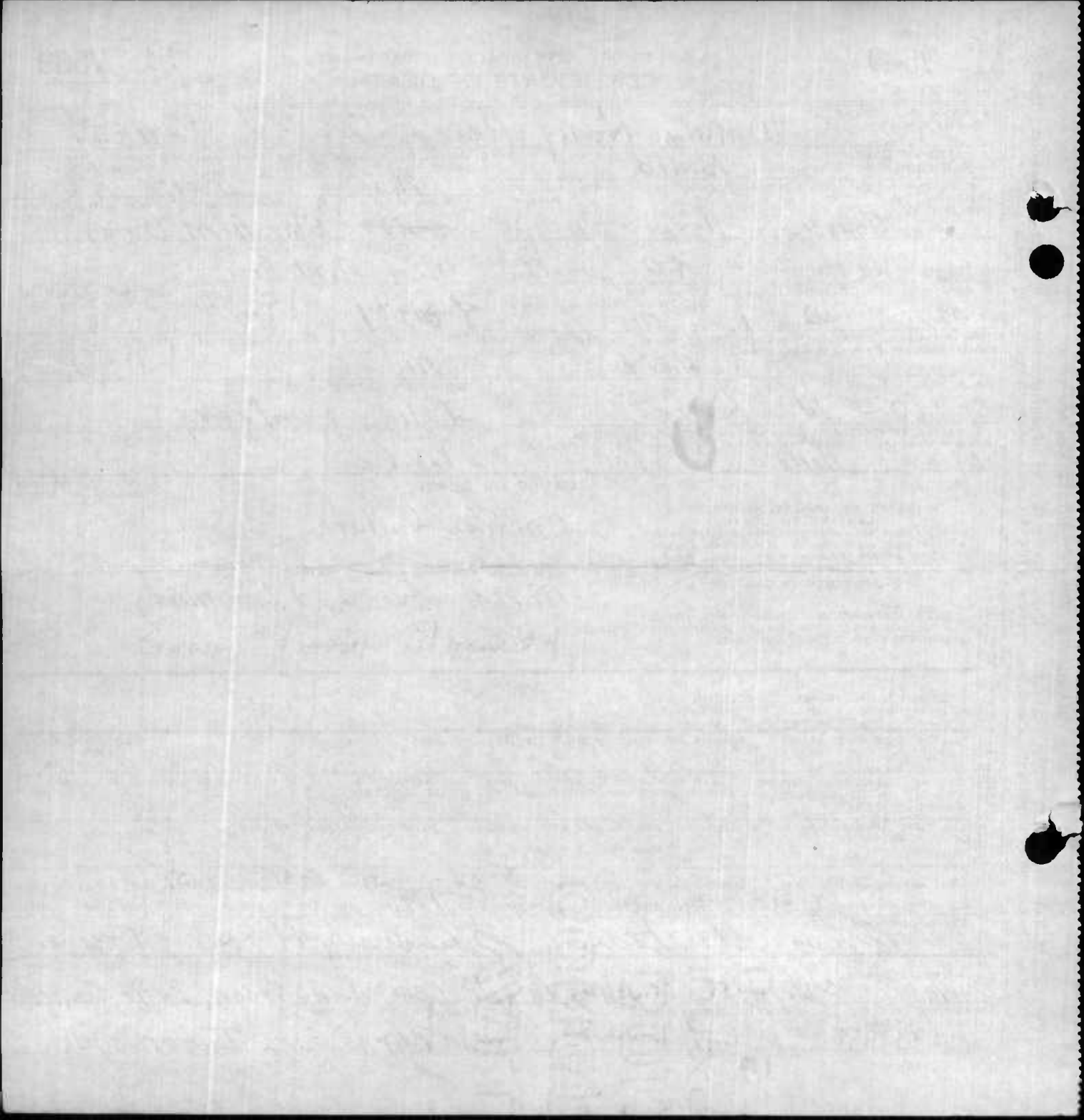
John Burns' Sons, Towson, Md.

ADDRESS

VS 150

92c





CERTIFICATE CORRECTED 9-20-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 7570

BIRTH NO. 51 7570

1. NAME OF DECEASED (Type or Print) <b>Clarence Bryant</b>			2. DATE OF DEATH <b>8-28-51</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>23-01</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospital</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>4</b> Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) <b>31 W. Cross St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 29, 1926</b>		9. AGE (in years last birthday) <b>24</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>WINT</b>	11. BIRTHPLACE (State or foreign country) <b>South Caroline</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Lonnie Bryant</b>			14. MOTHER'S MAIDEN NAME <b>Eloise Felton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Baltimore City Hospital</b> <b>Records: 4940 Eastern Ave.</b>		

18. <b>193X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Post operative posterior fossa tumor</b> DUE TO <b>Ependymoma 4th. ventricle</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>3 Mos.</b>	CAUSE OF DEATH <b>Post operative posterior fossa tumor</b> DUE TO <b>Ependymoma 4th. ventricle</b> DUE TO <b>3 Mos.</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>8-26-51</b>	19B. MAJOR FINDINGS OF OPERATION <b>Ependymoma 4th. ventricle</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>8-22-1951</b> , to <b>8-28-1951</b> , that I last saw the deceased alive on <b>8-22-28, 1951</b> , and that death occurred at <b>6:15 A.M.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>H. Oger</b>	23B. ADDRESS <b>4940 Eastern Ave.</b>	23C. DATE SIGNED <b>8-29-51</b>

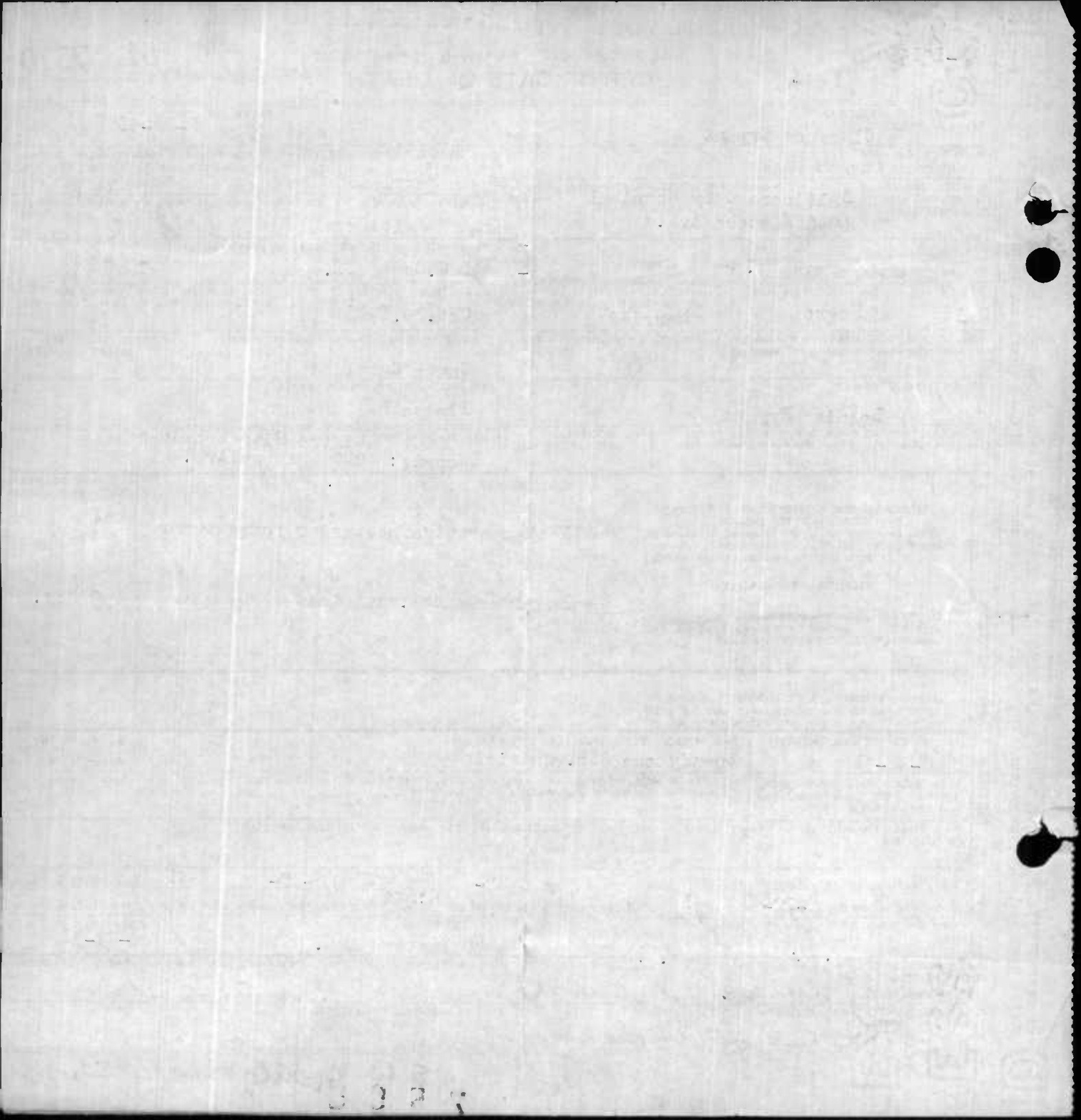
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>Aug 31, 51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Sumnerville</b>	24D. LOCATION (City, town, or county) (State) <b>South Carolina</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 31 1951</b>	REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Isaac L. Brown, Son</b>	

VS 150

95 98034 108 W Montgomery Street 54a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7571

51 7571

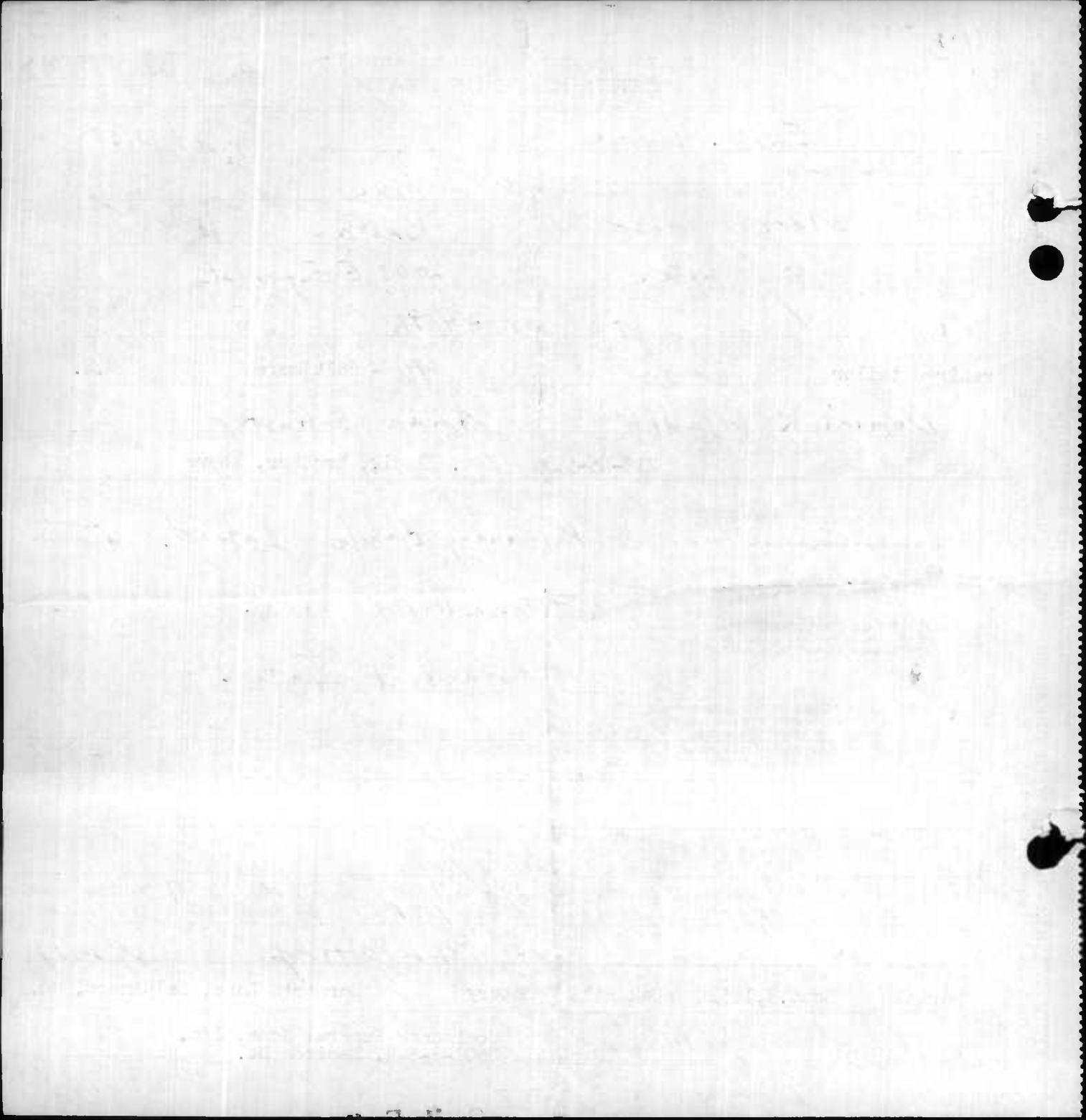
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emil H. Hladik</i>		2. DATE OF DEATH <i>8/30/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>BALTO</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>37 Mercy Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2403 E Eager St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Sp</i>	8. DATE OF BIRTH <i>2/4/91</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired tailor</i>		9. AGE (in years last birthday) <i>60</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>MD - Baltimore</i>	
13. FATHER'S NAME <i>Dominick Hladik</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>218-05-5934</i>	
17. INFORMANT <i>Edw. Hladik, brother, above</i>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>42011 I</i>		CAUSE OF DEATH (A) <i>Pulmonary Embolus - Infarct.</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i> <i>yes.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) <i>Arteriosclerotic S.K.D.</i> DUE TO		
		(C) <i>Myocardial Infarct</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/8/57</i> , 19 <i>57</i> , to <i>8/30</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>8/30/57</i> and that death occurred at <i>10 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Kramer</i>		23B. ADDRESS <i>Mercy Hosp</i>		23C. DATE SIGNED <i>8/30/57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept. 3, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Horner's Lane, Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 31 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i>	
VS 150				ADDRESS <i>2601-3-5 E. Madison St.</i>	

931



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7572

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. James F. Svehla

2. DATE  
OF  
DEATH

8/31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto., Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)St. Joseph's Hospital  
1400 N. Caroline St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
MarylandB. COUNTY  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

909 N. Collington Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/20/85

9. AGE (In years  
last birthday)

66

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

Jacob Reed

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Albert Svehla

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Svehla, wife, above

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/30/51

19B. MAJOR FINDINGS OF OPERATION

Carcinomatous metastasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1951, to 8/31, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 4 AM m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hans

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 3, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



STEP 13

GROUP 10 (1973)

1. Name of the person or organization who provided the information

2. Date of the information

3. Source of the information

4. Nature of the information

5. Location of the information

6. Time of the information

7. Method of the information

8. Name of the person or organization who received the information

9. Date of the information

10. Source of the information

11. Nature of the information

12. Location of the information

13. Time of the information

14. Method of the information

15. Name of the person or organization who received the information

16. Date of the information

17. Source of the information

18. Nature of the information

19. Location of the information

20. Time of the information

21. Method of the information

22. Name of the person or organization who received the information

23. Date of the information

24. Source of the information

25. Nature of the information

26. Location of the information

27. Time of the information

28. Method of the information

29. Name of the person or organization who received the information

30. Date of the information

31. Source of the information

32. Nature of the information

33. Location of the information

34. Time of the information

35. Method of the information

36. Name of the person or organization who received the information

37. Date of the information

38. Source of the information

39. Nature of the information

40. Location of the information

41. Time of the information

42. Method of the information

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7573

Registered No. \_\_\_\_\_

51 7573  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ELIZABETH DAVIS</b>		2. DATE OF DEATH <b>Aug 29 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2749 Maryland Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 12-06</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>2749 Maryland Ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 4 1861</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own.</b>	9. AGE (In years last birthday) <b>90</b> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <b>Ireland</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Wm. Coughlan</b>		14. MOTHER'S MAIDEN NAME _____	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT <b>Mrs. John M. Regardt</b>	ADDRESS <b>2810 St Paul St</b>
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18. <b>155X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <b>Causes of Fall</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 m</b>
DUE TO (A) _____		
DUE TO (B) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arteriosclerotic heart disease</b>		

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 1950** to **29 Aug, 1951**, that I last saw the deceased alive on **27 Aug 1951**, and that death occurred at **10:15 m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Dr. J. B. Coughlan</b>	M. D.	23B. ADDRESS <b>2843 St Paul</b>	23C. DATE SIGNED <b>30 Aug 51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept 1 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Baeto, Md</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 31 1951</b>	REGISTRAR'S SIGNATURE <b>William H. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>H. J. Jenkins &amp; Sons Co</b>	ADDRESS <b>4905 York Rd.</b>
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VS 150

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7574

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>ANNIE MABLE BULL</b>		2. DATE OF DEATH <b>8/31/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>615 ST. DUNSTANS RD.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
c. Length of stay in Baltimore <b>APPROX 47</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>615 ST. DUNSTANS RD.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APR 23 1879</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>	9. AGE (In years last birthday) <b>72</b> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>MANCHESTER, ENGLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>ENGLAND</b>	
13. FATHER'S NAME <b>EDWIN J. HUMBY</b>		14. MOTHER'S MAIDEN NAME <b>GRAY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>—</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>MR. CHARLES MILLS</b>		ADDRESS <b>615 ST DUNSTANS</b>	

18. **331X** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
(A) **Cerebral vascular accident**  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
**20 hours**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cerebral arteriosclerosis**  
DUE TO  
(C) **Unknown**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**—**19A. DATE OF OPERATION \_\_\_\_\_ 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_21D. TIME (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? \_\_\_\_\_22. I hereby certify that I attended the deceased from **8/30**, 1951, to **8/31**, 1951, that I last saw the deceased alive on **8/30**, 1951, and that death occurred at **1:55 a.m.**, from the causes and on the date stated above.23A. SIGNATURE **Robert E May** M. D. 23B. ADDRESS **902 Belgian Ave** 23C. DATE SIGNED **8/31/51**24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **SEPT 3, 1951** 24C. NAME OF CEMETERY OR CREMATORY **HOLY REDEEMER** 24D. LOCATION (City, town, or county) (State) **BALTO. MD.**DATE RECEIVED BY LOCAL REGISTRAR **AUG 31 1951** REGISTRAR'S SIGNATURE **H. W. JENKINS** 25. FUNERAL DIRECTOR **H. W. JENKINS & SONS Co.** ADDRESS **4905 YORK RD**

CONFERENCE  
BOND  
WILLIAMS

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7575  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Eilleen M. Kirby</b>			2. DATE OF DEATH <b>8-29-1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1320 E. Belvedere Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>life</b>			D. STREET ADDRESS (If rural, give location) <b>1320 E. Belvedere Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-4-1877</b>		9. AGE (In years last birthday) <b>74</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>William MacWilliams</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Dawson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Lewis M. Kirby 1518 Ralworth Rd.</b>		

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Cerebral thrombosis</b> DUE TO _____ (B) <b>Cerebral arteriosclerosis, multiple hemorrhage (Cerebral)</b> DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug 15, 1951, to August 29, 1951, that I last saw the deceased alive on August 28, 1951, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE <b>Harland Edmund Day</b>		23B. ADDRESS <b>4-E-33rd st Balto 18</b>	23C. DATE SIGNED <b>August 30, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-1-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorrain Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 31 1951</b>	REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>John A. Moran</b>	ADDRESS <b>3000 E. Baltimore St.</b>
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VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-51 610 7575





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7576**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Milton Hall*

2. DATE  
OF  
DEATH

*8/30/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*863 Hollins St.*

C. CITY OR TOWN

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*863 Hollins St.*

c. Length of stay in Baltimore

*25 yrs*

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*1/4/1886*

9. AGE (In years last birthday)

*65*

10 Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Machinist*

10B. KIND OF BUSINESS OR INDUSTRY

*Wash. window cleaning Co.*

11. BIRTHPLACE (State or foreign country)

*Washington D. C.*

12. CITIZEN OF WHAT COUNTRY?

*USA*

13. FATHER'S NAME

*John A. Hall*

14. MOTHER'S MAIDEN NAME

*Susan Read*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*-*

16. SOCIAL SECURITY NO.

*-*

17. INFORMANT

*Mrs. Ann Hall*

ADDRESS

*863 Hollins St.*

18.

*442x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

*B Hypertensive Cardiac Renal disease*

INTERVAL BETWEEN ONSET AND DEATH

*Chronic*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

*A. Cardiac decompensation*

*3 mths.*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

*0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *146x*, 19*46* to *Aug. 29*, 19*51*, that I last saw the deceased alive on *Aug 29*, 19*51*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Charles Tomasello*

M. D.

23B. ADDRESS

*910 W. Lombard St.*

23C. DATE SIGNED

*Aug. 31/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9/3/51*

24C. NAME OF CEMETERY OR CREMATORY

*New Cathedral Cem.*

24D. LOCATION (City, town, or county)

*4300 Old Frederick Rd.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*AUG 31 1951*

REGISTRAR'S SIGNATURE

*for Williams*

25. FUNERAL DIRECTOR

*John F. Bowen & Son Hollins St.*

ADDRESS

VS 150

*554482*

*131a*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE OF DEATH

Registered No. 51 7577

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary S. Apanavich

2. DATE OF DEATH

8/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

904 Hollins St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-03

D. STREET ADDRESS (If rural, give location)

904 Hollins St.

c. Length of stay in Baltimore

50 yrs

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/15/1877

9. AGE (in years last birthday)

73

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Miss Frances E. Apanavich

ADDRESS 904 Hollins St.

18. 443X and 002X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Terminal Bronchopneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular dis.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

Hypertensive cardiovascular disease

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24-51, 19, to 8-30-51, 19, that I last saw the deceased alive on 8-29, 1951, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Raesini

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

8-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/3/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

904 Hollins St.

See Document File 51-7577

4/7/52 ES

E 451  
51 7578BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7578

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles Callenberger

2. DATE  
OF  
DEATH

(Aug 29, 1951)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1233 Hubbard St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

24-01

c. Length of stay in Baltimore

36 yrs.

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1233 Hubbard St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

Male

White

Single

3/20/1915

36

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Structure

Md.

Md.

✓

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Peter Callenberger

Jennie Curry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

yes World war II

217-05-0860

Mrs. J. Callenberger

1233 Hubbard St

18.

DOX I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Pulmonary tuberculosis

INTERVAL BETWEEN  
ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from June 1, 1951, to Aug 29, 1951, that I last saw the  
deceased alive on Aug 29, 1951, and that death occurred at 2:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

23 A Melito

M. O.

1279 William St

8/30/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

9/1/51

8/31/51

Holy Cross Brooklyn

Brooklyn

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 31 1951

William H. Williams, Jr.

Charles F. Dell

1601 E. Fort  
ave.

VS 150

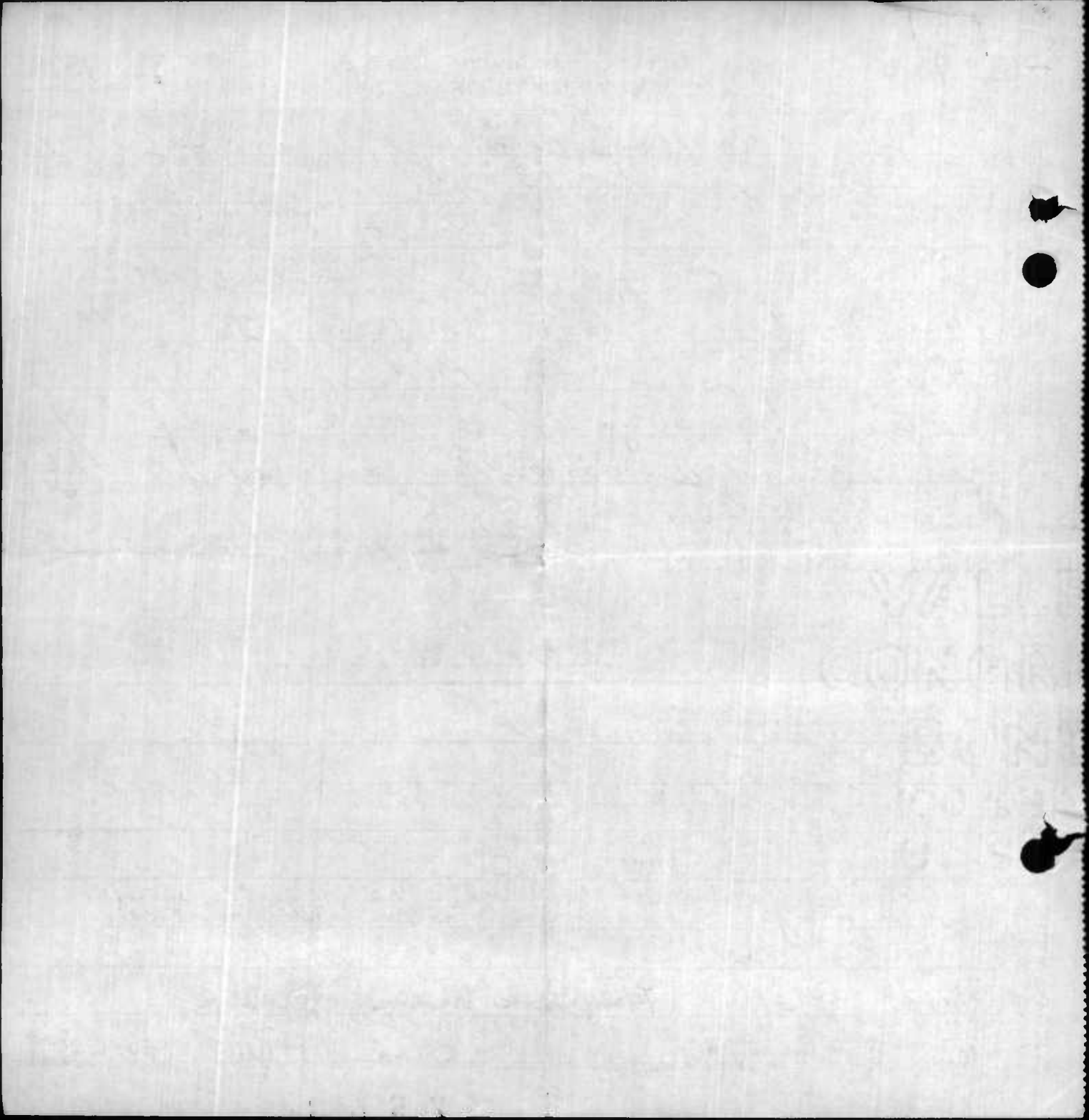
5 740 55 2 5 6 3

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7579  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Catherine Crouse</i>			2. DATE OF DEATH <i>8/31/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Cardleigh Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>833 Hollins St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9/6/1870</i>		9. AGE (in years, last birthday) <i>80</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Thomas Rooney</i>			14. MOTHER'S MAIDEN NAME <i>Mary Hickey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____			
17. INFORMANT <i>Mrs Catherine Hollowell</i>			23. ADDRESS <i>3423 Greenwood</i>		

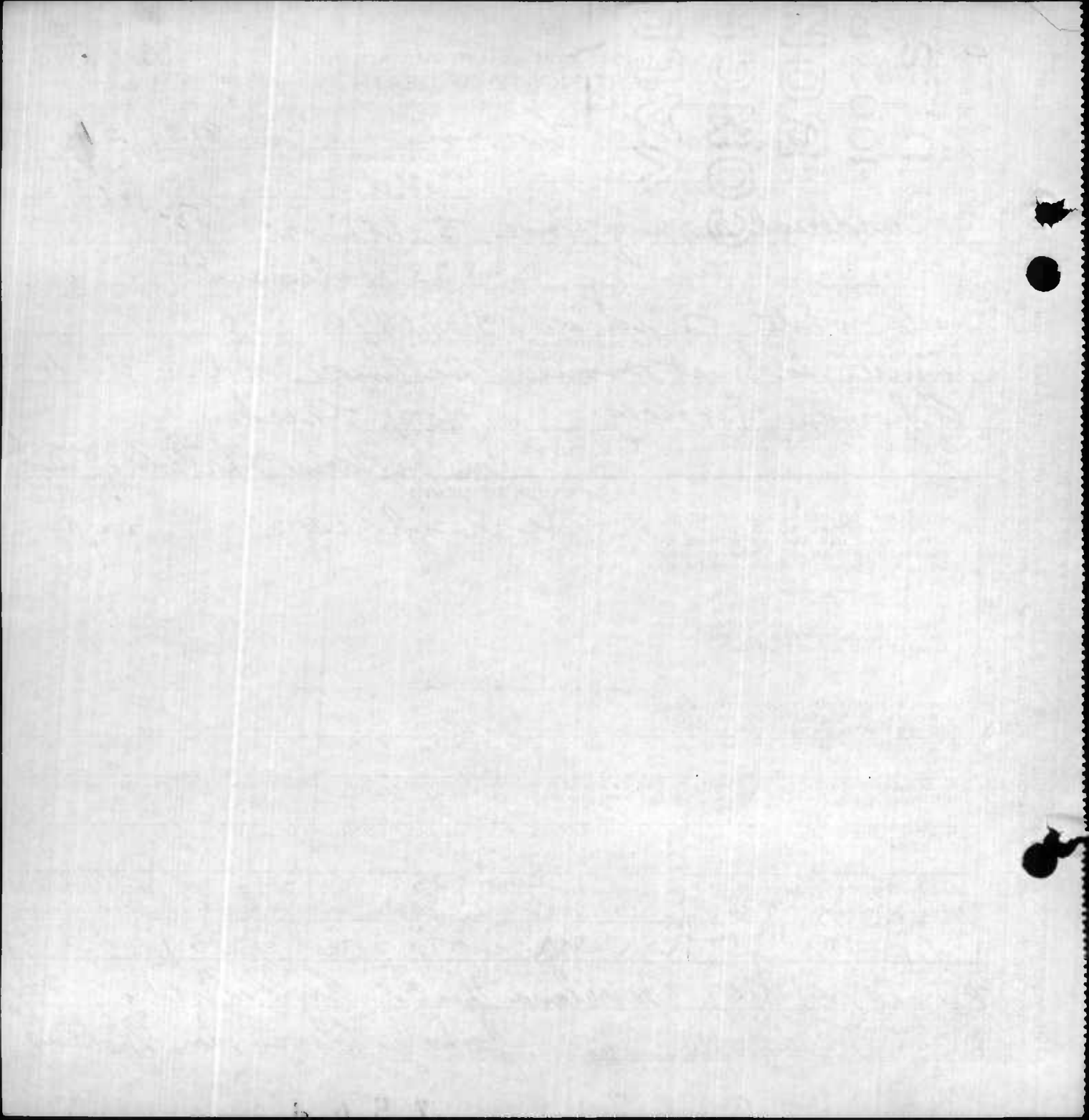
<p>18. <i>352X</i></p> <p><b>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>ANTECEDENT CAUSES</b></p> <p><b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b></p> <p align="center"><b>II</b></p> <p><b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b></p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <i>Hemiplegia</i></p> <p align="center"><b>DUE TO</b></p> <p>(B) _____</p> <p align="center"><b>DUE TO</b></p> <p>(C) _____</p>	<p><b>INTERVAL BETWEEN ONSET AND DEATH</b></p> <p><i>2 yrs</i></p>
--	--	--

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>Aug 28, 1951</i> , to <i>—</i> , 19 <i>—</i> , that I last saw the deceased alive on <i>Aug 28, 1951</i> , and that death occurred at <i>9:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. P. Johnson</i>		23B. ADDRESS <i>403 Med Arts Bldg</i>		23C. DATE SIGNED <i>8/31/51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9/4/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Man Pk</i>	24D. LOCATION (City, town, or county) (State) <i>Taylor Ave F Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 31 1951</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>John J. Cowan &amp; Son Hollins</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7580

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)ANNA M. ZANG2. DATE  
OF  
DEATHAugust 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BaltimoreB. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONMaryland General Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3402 ST. Ambrose Ave; #15

5. SEX

Female

6. COLOR OR RACE

white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)singleYrs.  
Mos.  
Days

8. DATE OF BIRTH

Feb; 2, 18839. AGE (In years  
last birthday)68If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.12. CITIZEN OF  
WHAT COUNTRY?U.S.A10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Nurse10B. KIND OF BUSINESS OR  
INDUSTRY—

13. FATHER'S NAME

John Zang15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. F.W. Price - 205 Aigburth Rd.18. 204.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) chronic Lymphatic Leukemia  
DUE TO myocardial decampens atin

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) —  
DUE TO(C) —OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1951, to 8/30, 1951, that I last saw the  
deceased alive on 8/30, 1951, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Calvin Bakhair, M.D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

8/30/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

9-3-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

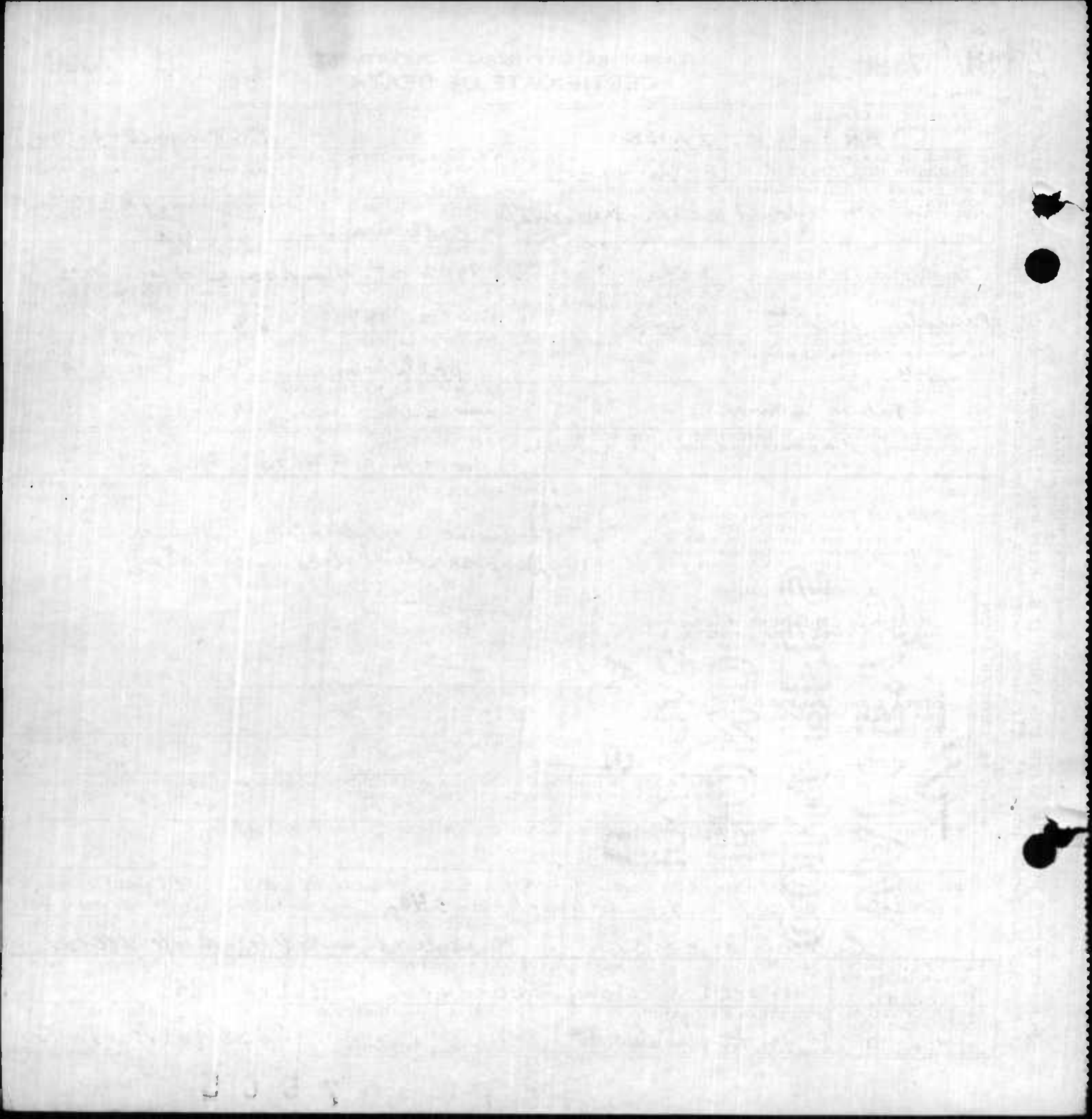
REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L.J. Ruck 5305 Hartford RdAUG 31 1951





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7581

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY VERNANG EDWARDS

2. DATE  
OF  
DEATH

AUGUST 30 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4609 ELSRODE AVE

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-02

D. STREET ADDRESS (If rural, give location)

4609 ELSRODE AVE.

c. Length of stay in Baltimore

57

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

NOV. 2, 1863

9. AGE (In years,  
last birthday)

87

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

MARYLAND

14. MOTHER'S MAIDEN NAME

MARY BURROUGHS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MARY MORRISON 4609 ELSRODE AVE

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CORONARY OCCLUSION

24 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) CORONARY SCLEROSIS

(?)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) GENERALIZED ARTERIOSCLEROSIS (?)

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21-1951 to 8-30-1951, that I last saw the deceased alive on 8-30-1951 and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Kaufman

M. D.

23B. ADDRESS

4230 Loch Raven Blvd.

23C. DATE SIGNED

8-30-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-3-51

24C. NAME OF CEMETERY OR CREMATORY

London Park.

24D. LOCATION (City, town, or county)

Balto

Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L.J. Ruck

5305 Harford Rd

VS 150

9510007500

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





CERTIFICATE CORRECTED

9/11/51 ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 7582

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DONA ANNE MOORE

2. DATE  
OF  
DEATH

8/31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

312 East Belvedere Ave #12

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 17, 1888

9. AGE (In years last birthday)

62

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H W

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wesley Hearn

14. MOTHER'S MAIDEN NAME

Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MR. C. W. Moore - 312 E. Belvedere

18. L43X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardio-respiratory Failure  
HYPERTENSIVE CARDIOVASCULAR DISEASE,  
ACUTE MYOCARDIAL FAILURE

DUE TO

(over)

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1951, to 8/31, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 3:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

J. Kusselwa

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

8-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-3-51

24C. NAME OF CEMETERY OR CREMATORY

Moulton Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 31 1951

REGISTRAR'S SIGNATURE

J. Kusselwa

25. FUNERAL DIRECTOR

L. J. Luck 5305 Harford Rd

ADDRESS

See Document File 51-7582

9/11/51 ES

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7583BIRTH NO. 51 75831. NAME OF DECEASED  
(Type or Print)**BARBARA BERGER**2. DATE OF DEATH August 29, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6 N. Ellwood Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6 N. Ellwood Ave.

c. Length of stay in Baltimore

About 60 Yrs.Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

House Work

13. FATHER'S NAME

Melchior Guttenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NoNo

16. SOCIAL SECURITY NO.

None

8. DATE OF BIRTH

January 3, 1875

9. AGE (in years last birthday)

76

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Margaretha Basil

17. INFORMANT

ADDRESS

Frank Wiegmann 6 N. Ellwood Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hodgkins disease  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

about 4 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis - generalized  
DUE TO(C) Glands - prostatic3 daysII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 8/21 1951 to 8/29 1951, that I last saw the deceased alive on 8/28 1951 and that death occurred at 7:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

L. F. Kleiner

M. D.

23B. ADDRESS

2623 E. Monument St.

23C. DATE SIGNED

8/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 1, 1951.

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State)

4701 German Hill Rd. Balto. Co.,

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 31 1951Charles S. Geiler, 901 S. Conkling St.

5-1

1951, 22 August

STATE, WISCONSIN

Mr. Bowditch

arrived

by Louisville, KY

1951, 22 Aug

1951, 22 August

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

1951, 22 Aug

*[Faint handwritten notes and signatures]*

*[Faint handwritten notes and signatures]*

*[Faint handwritten notes and signatures]*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

0-256

51 7584

51-19904

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7584  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Girl O'Connor</i>		2. DATE OF DEATH <i>8-30-1917</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Ad.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wesley Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-38</i>	
D. STREET ADDRESS (If rural, give location) <i>1237 Glenhaven Ave</i>		E. Length of stay in Baltimore <i>1 (one) Day</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-29-1917</i>
9. AGE (In years last birthday) <i>1</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Augustine O'Connor</i>		14. MOTHER'S MAIDEN NAME <i>Joey Thomas Leonard</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mrs. Eugene O'Connor</i>		ADDRESS <i>4237 Glenhaven Ave.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral meningitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO (B) DUE TO (C) DUE TO	
19A. DATE OF OPERATION <i>8-30-17</i>		19B. MAJOR FINDINGS OF OPERATION <i>None</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>None</i>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>None</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>8-30-17</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <i>None</i>		22. I hereby certify that I attended the deceased from <i>8-29-17</i> , to <i>8-30-17</i> , that I last saw the deceased alive on <i>8-30-17</i> , and that death occurred at <i>7:15 a.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Eugene O'Connor</i>		23B. ADDRESS <i>Wesley Hospital, Balt.</i>	
23C. DATE SIGNED <i>8-30-17</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>8/31/17</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>H. H. Meador &amp; Son</i>	
25. FUNERAL DIRECTOR <i>H. H. Meador &amp; Son</i>		ADDRESS <i>8057 Calver</i>	

VS 150

161a



1237 *He*

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7585

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Elizabeth Mowery

2. DATE  
OF  
DEATH

Aug. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3053 Parktowne Rd.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Fe.

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9-2-84

9. AGE (In years last birthday)

66

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wife.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Johnstown, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Mulvihill

14. MOTHER'S MAIDEN NAME

Lucy Riffle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. John Mader - 3053 Parktowne

18.

170X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Metastatic Carcinomatosis of the lungs, pleurae, pericard prim. Ca of breast (R.)

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Circulatory failure (cf. side heart failure)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13/1951 to 8/28/1951 that I last saw the deceased alive on 8/28/1951 and that death occurred at 3:20 A. M. from the causes and on the date stated above.

23A. SIGNATURE

A. J. B. B.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

8/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

9-1-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Bald Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. J. Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Kuck 5305 Hayford Rd

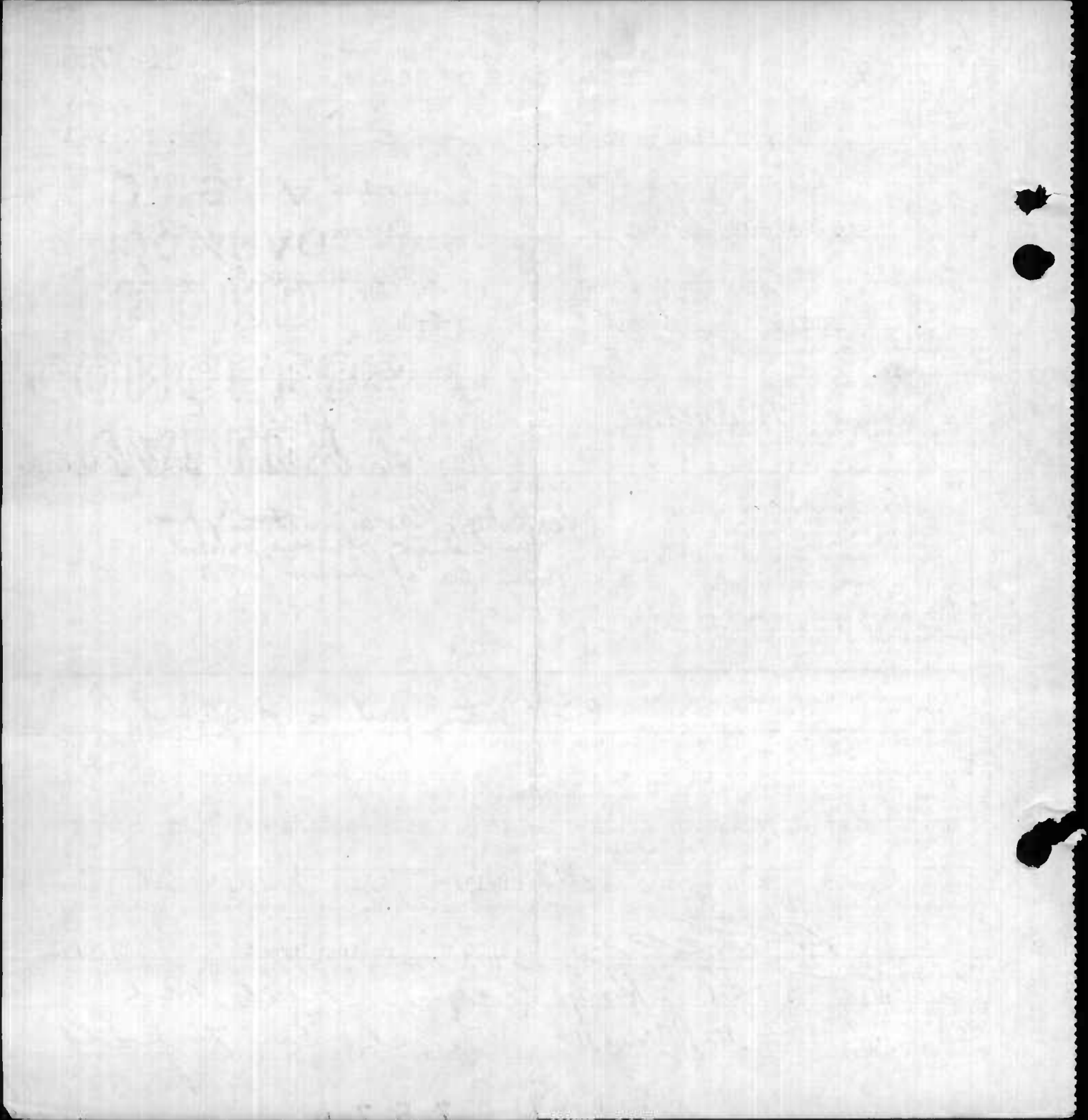
ADDRESS

SEP 1 - 1951

VS 150

19510002520

50



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7586  
Registered No.

BIRTH NO. 51-20337

1. NAME OF DECEASED  
(Type or Print)

FRIESER Michael Paul

2. DATE  
OF  
DEATH

8-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

48 MD Gen

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO 26-03

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3685 Dudley

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

B

8. DATE OF BIRTH

8-30-51

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

13 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael S. Friesner

14. MOTHER'S MAIDEN NAME

Clara A. ne Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

3685 Dudley

ADDRESS

3685 Dudley

18. 759.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia - Anoxia

DUE TO

13 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Respiratory Obstruction

DUE TO

(C) Probable Congenital Anomaly

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 8-30, 1951, to 8-31-51, 19, that I last saw the deceased alive on 8-31-51, 19, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald J. MacPherson M.D.

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

8-31-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buerst 9-1-51

Holy Red

BALTO MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 1 - 1951

William M. M.

Leonard J. Ruck

5305 Hoyal



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7587

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence C. Garrett

2. DATE  
OF  
DEATH

8-29-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

253 So. Robibson St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

253 So. Robinson St.

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-3-1871

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Winder

14. MOTHER'S MAIDEN NAME

Mary Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Harry T. Garrett 253 S. Robinson St.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1951 to 8/28, 1951 that I last saw the  
deceased alive on 8/28, 1951 and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-1-1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

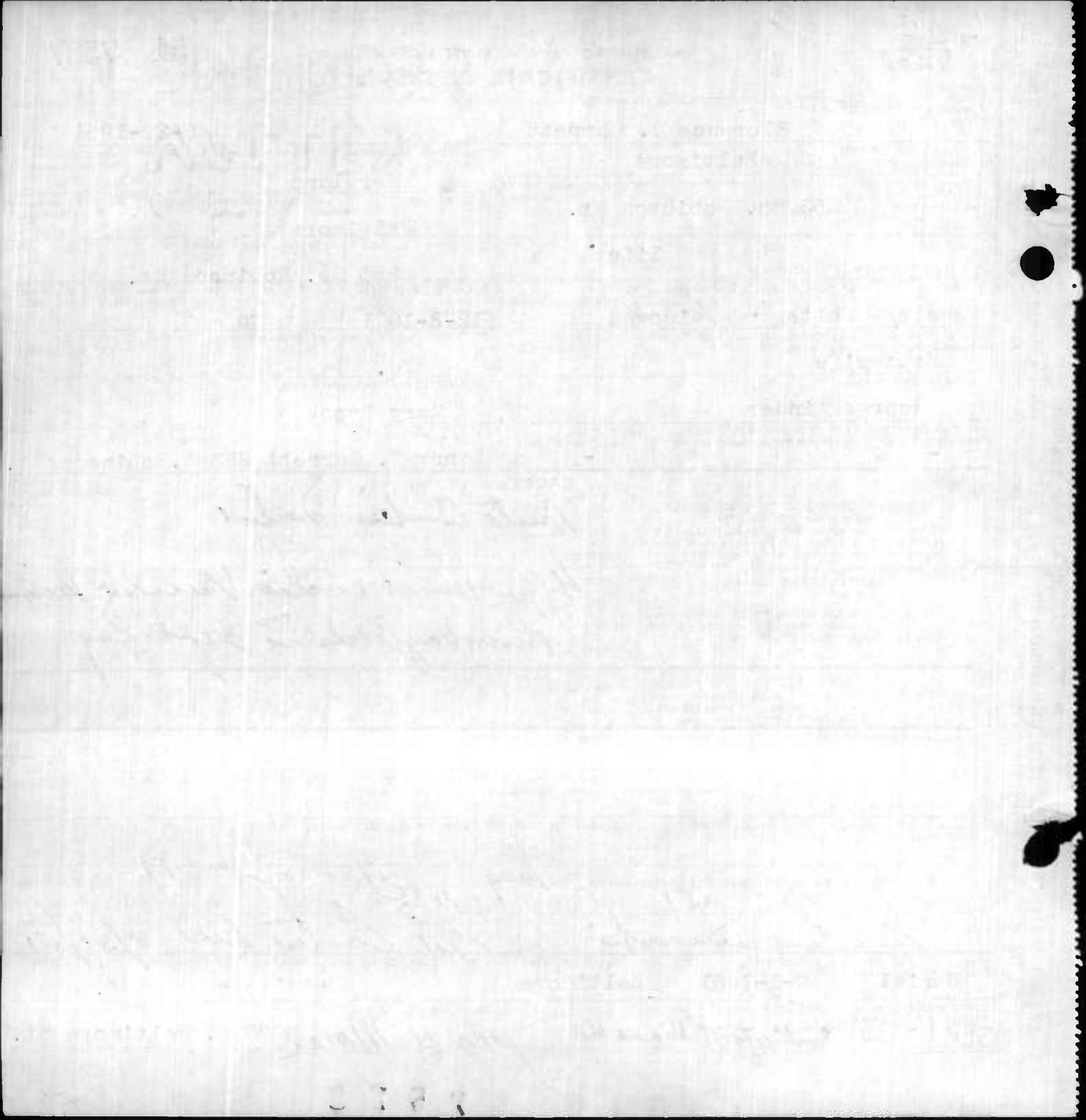
SEP 1 - 1951

John A. Williams, M.D.

John A. Williams

3000 E. Baltimore St.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7588

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>CAROL A. KRESSLER</b>		2. DATE OF DEATH <b>August 30, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>1613 Dartford Road</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 5th, 1951</b>	9. AGE (in years last birthday) <b>4</b>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Balto. Co., Md.</b>	
13. FATHER'S NAME <b>Thomas W. Kressler</b>		14. MOTHER'S MAIDEN NAME <b>Mary F. Huff</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT ADDRESS <b>Mrs. Thos. Kressler, 1613 Dartford Rd. (20)</b>	
18. <b>E924.01</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Asphyxia</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO <b>(C)</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1613 Dartford Road, Essex, Maryland</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>8/30/51 8:40 p.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Apparently smothered under rubber sheet</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>8/31/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>Sept. 1, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 1 - 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>LaSashur Funeral Home 7401 Belair Rd.</b>	

P

0-132  
51 7589  
The information should be fully supplied. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 7589

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MR ERNEST OPITZ

2. DATE  
OF  
DEATH

August 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
The Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 13 8-06D. STREET ADDRESS (If rural, give location)  
1633 North Bond St.

c. Length of stay in Baltimore

life

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1888

9. AGE (In years, last birthday)

63

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR INDUSTRY

HOTEL

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Opitz

14. MOTHER'S MAIDEN NAME

Catherine Rodwick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-01-2743

17. INFORMANT ADDRESS

Hospital Records

18.

180X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary artery

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

K. L. C. Metastasis to bladder &amp; lung

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

unknown

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27/1951 to 8/31/1951, that I last saw the deceased alive on 8/31/1951, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9/3/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

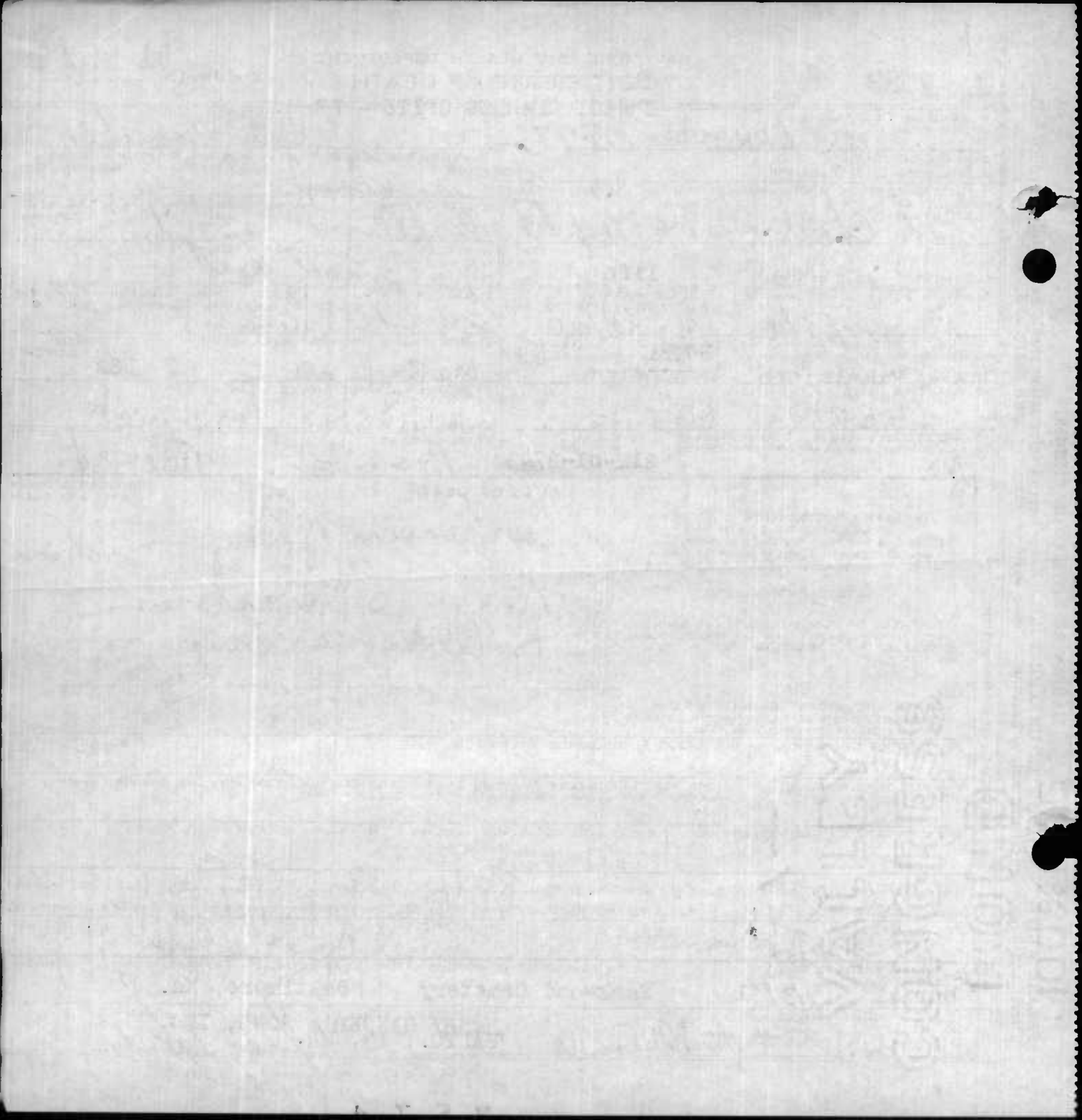
T. H. Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC. BALTO., 13, MD.

ADDRESS

Seng J. Sand



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7590

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT LEROY SKILLMAN, SR.

2. DATE  
OF  
DEATH

August 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Maryland

Baltimore

D. STREET ADDRESS (If rural, give location)

1615 N. Wolfe St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 5, 1904

9. AGE (In years  
last birthday)

46

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Truck driver

10B. KIND OF BUSINESS OR  
INDUSTRY

Millwork Co.

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Skillman

14. MOTHER'S MAIDEN NAME

Mary Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY

218-09-7716

17. INFORMANT

1615 N. Wolfe Street  
Mrs. Mae G. Skillman

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 30, 1951, to August 30, 1951, that I last saw the  
deceased alive on Aug. 30, 1951, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St.

Aug. 30, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

9/1/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 1 - 1951

Huntington Williams, M.D.

HENRY SANDER &amp; SONS, INC.

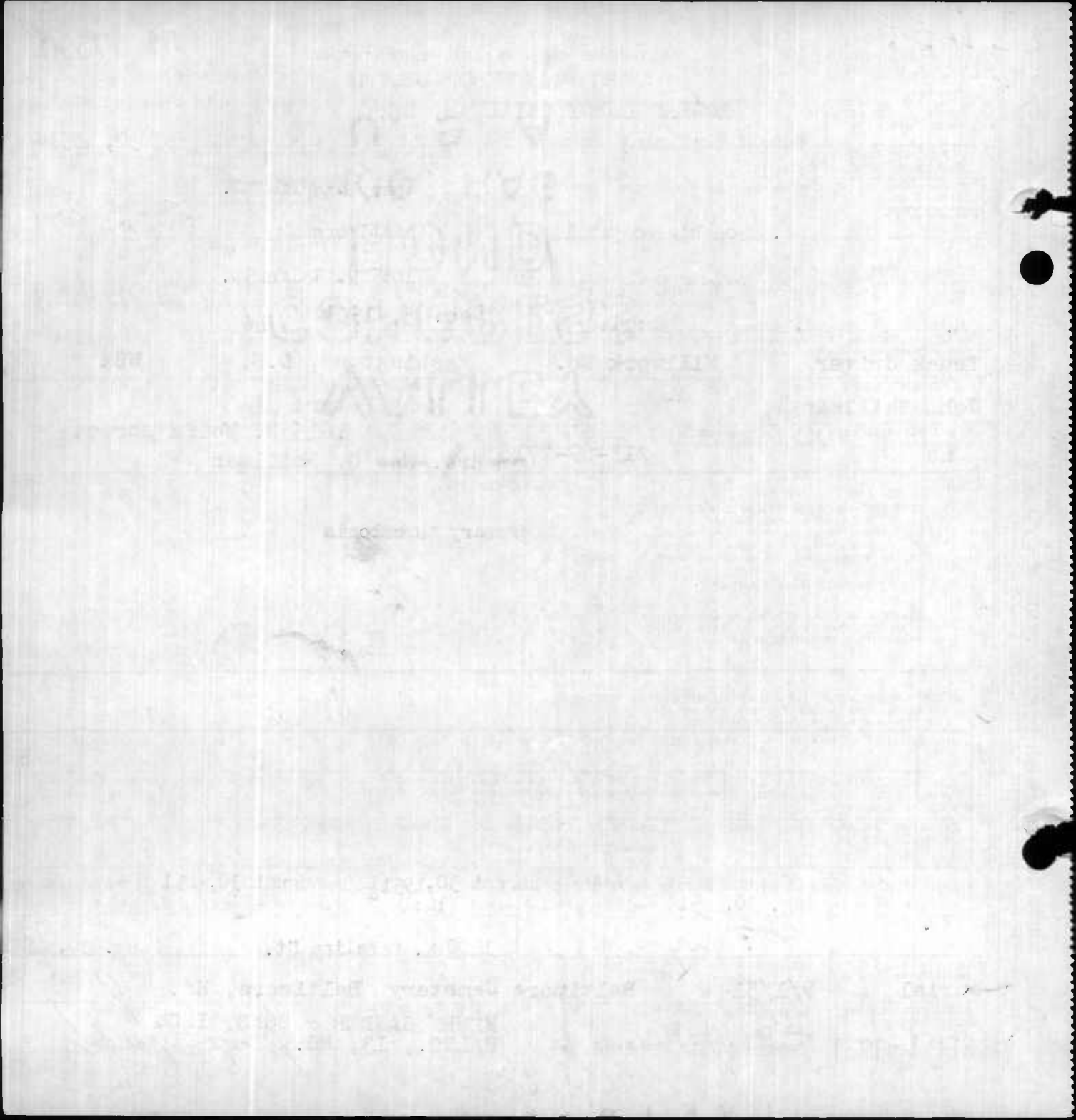
BALTO., 13, Md.

VS 150

68368

94a





PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7591  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>ROSE BLUME (ROSA (ROSIE) BLUME</b>		2. DATE OF DEATH <b>8-31-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto.</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSP</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>			
c. Length of stay in Baltimore <b>75</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1849 E. 29th ST.</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Dec. 28, 1875</b>	9. AGE (In years last birthday) <b>75</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
13. FATHER'S NAME <b>Jacob Pensel</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Bushman</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT ADDRESS <b>Mr. Guilford Blume same</b>	
18. <b>581.0</b>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>cirrhosis of the liver</b>			<b>?</b>
ANTECEDENT CAUSES		(B) <b>—</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(C) <b>Hypertension and arteriosclerotic cardiovascular disease</b>			<b>?</b>
19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug 17, 1951</b> , to <b>Aug 31, 1951</b> , that I last saw the deceased alive on <b>Aug 31, 1951</b> , and that death occurred at <b>5:00 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Alfred S. Nelson</b>		23B. ADDRESS <b>Baltimore, Md.</b>		23C. DATE SIGNED <b>Aug 31, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>9/3/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. LOCATION (State) <b>Baltimore, Md.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 1 - 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>	
				ADDRESS <b>BALTO., 13, MD. George J. Sander</b>	

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of \_\_\_\_\_

City of \_\_\_\_\_

State of \_\_\_\_\_

\_\_\_\_\_

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B-650  
51 7592BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7592

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jesse Brown

2. DATE  
OF  
DEATH

8-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp.

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

B

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1903

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

LABORER

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Geo. Brown

14. MOTHER'S MAIDEN NAME

Ester William

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Jesse Brown 1715 W. Franklin

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Hypertensive Cardio Vascular disease

DUE TO

(C) Cirrhosis of Liver

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29-1951, to 8-29-1951, that I last saw the  
deceased alive on 8-29-1951, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

A. Richardson

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

8-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept 2-51

24C. NAME OF CEMETERY OR CREMATORY

Weldon

24D. LOCATION (City, town, or county)

N. C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James A. Stages, 638 N. 9th St.

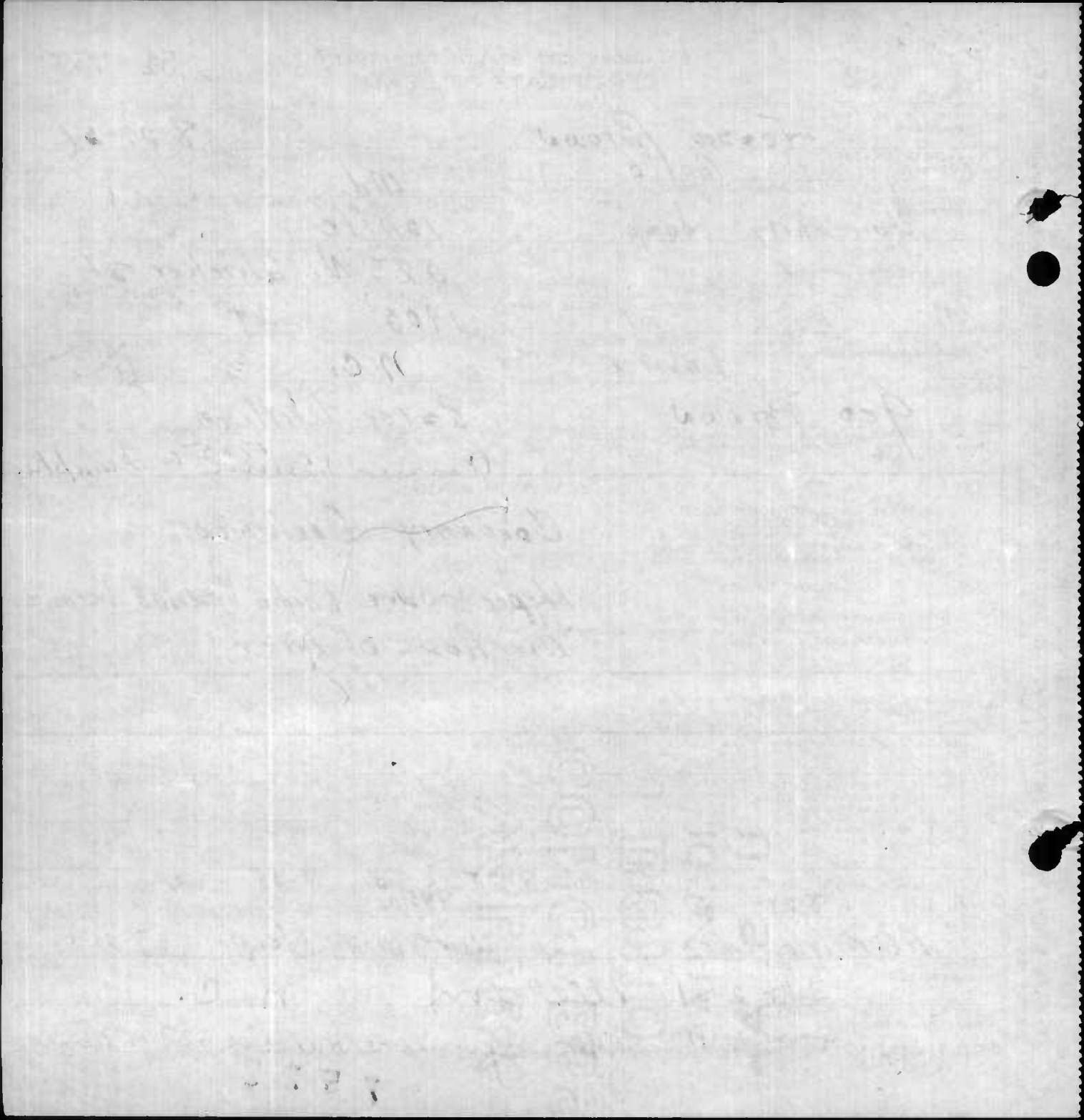
SEP 1 - 1951  
VS 150

97089 075:7

124B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7593

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**MARSHALL P. GILES**2. DATE  
OF  
DEATH **8/30/51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **38 E. Barney Street**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Md.**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**38 E. Barney St.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

**M**

6. COLOR OR RACE

**W**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**M**

8. DATE OF BIRTH

**2/3/1860**

9. AGE (In years last birthday)

**90**10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Engineer**

10B. KIND OF BUSINESS OR INDUSTRY

**B & O R.R.**

11. BIRTHPLACE (State or foreign country)

**Michigan**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Unknown**

14. MOTHER'S MAIDEN NAME

**Unknown**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**No**

16. SOCIAL SECURITY NO.

**Unknown**

17. INFORMANT

ADDRESS

**Family - Same**

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Hypertrophied Prostate**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☒NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1951, to 8/30, 1951, that I last saw the deceased alive on 8/29, 1951, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**John A. Scheuch**

M. D.

**1337 S. Charles St.****8/31/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**B**

24B. DATE

**9/3/51**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Cross**

24D. LOCATION (City, town, or county)

**Baltimore**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

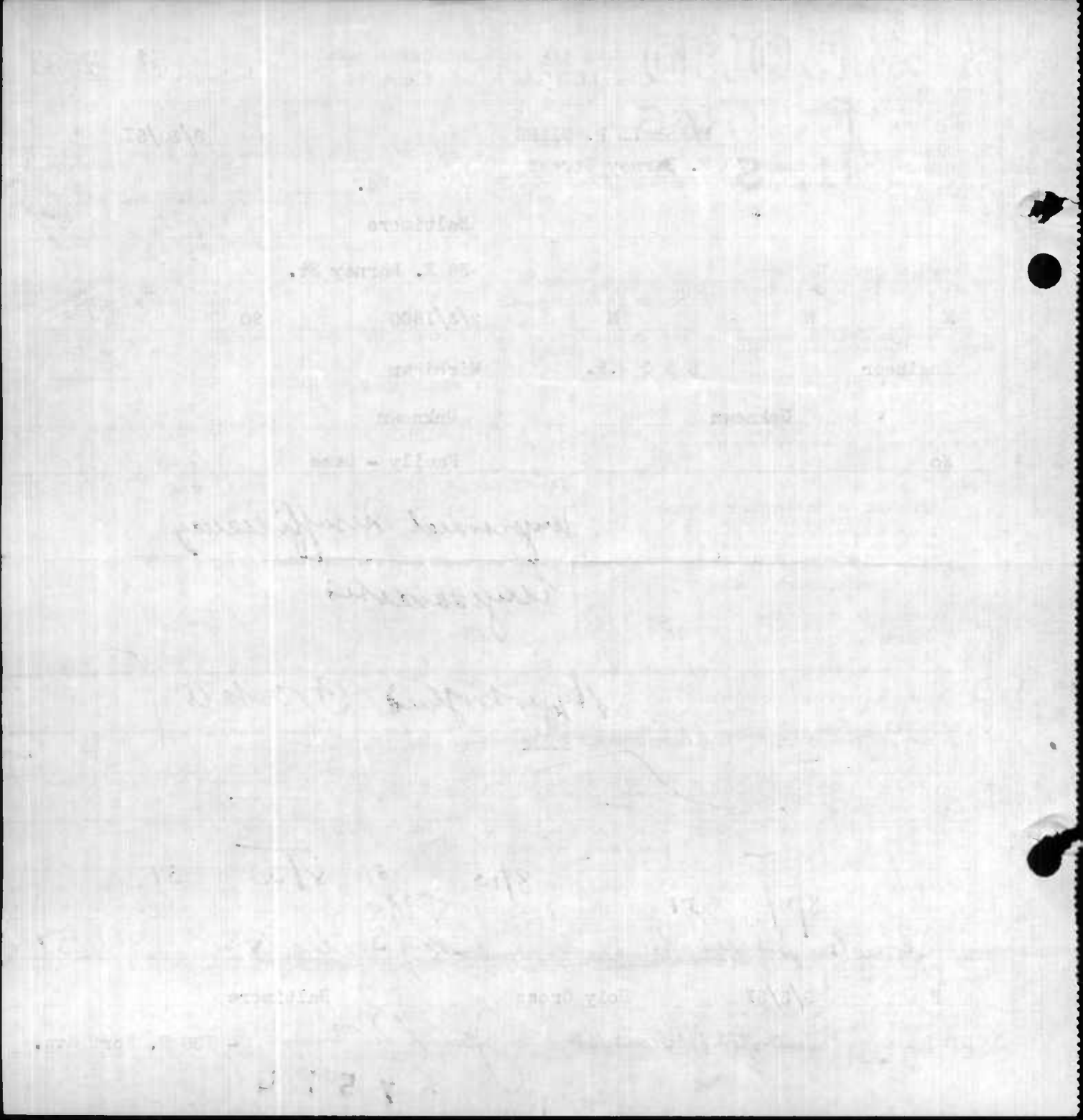
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 1 - 1951****Wm. L. Williams, M.D.****James L. Williams****- 130 E. Fort Ave.**





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-620

51 7594

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 7594

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		RAYNER MARKS		8/29/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3509 Fifth Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township) Baltimore 25-04		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3509 Fifth Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/25/1880	9. AGE (In years last birthday) 70	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME William		14. MOTHER'S MAIDEN NAME Sarah J. Cunningham		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Family - Same	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio-sclerotic C-V Disease DUE TO Disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Daniel Berlich		23B. ADDRESS 330 Patapsco Ave.		23C. DATE SIGNED 8/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 9/1/51		24C. NAME OF CEMETERY OR CREMATORY Glen Haven	
24D. LOCATION (City, town, or county) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 1 - 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR James L. DeLong		24H. ADDRESS 130 E. Fort Ave.			

VS 150

5233A 7579

937

1231

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

12/22/51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence  
A. STATE B. COUNTY before admission)B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE ☒ MARRIED  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443x and E903.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19 to 8/30, 1951, that I last saw the  
deceased alive on 8/30, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP-1-1951

VS 150

N-820.1

510807580

186a

To be Approved By MED EXAMINER

51 7595

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence  
A. STATE B. COUNTY before admission)B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE ☒ MARRIED  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443x and E903.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19 to 8/30, 1951, that I last saw the  
deceased alive on 8/30, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

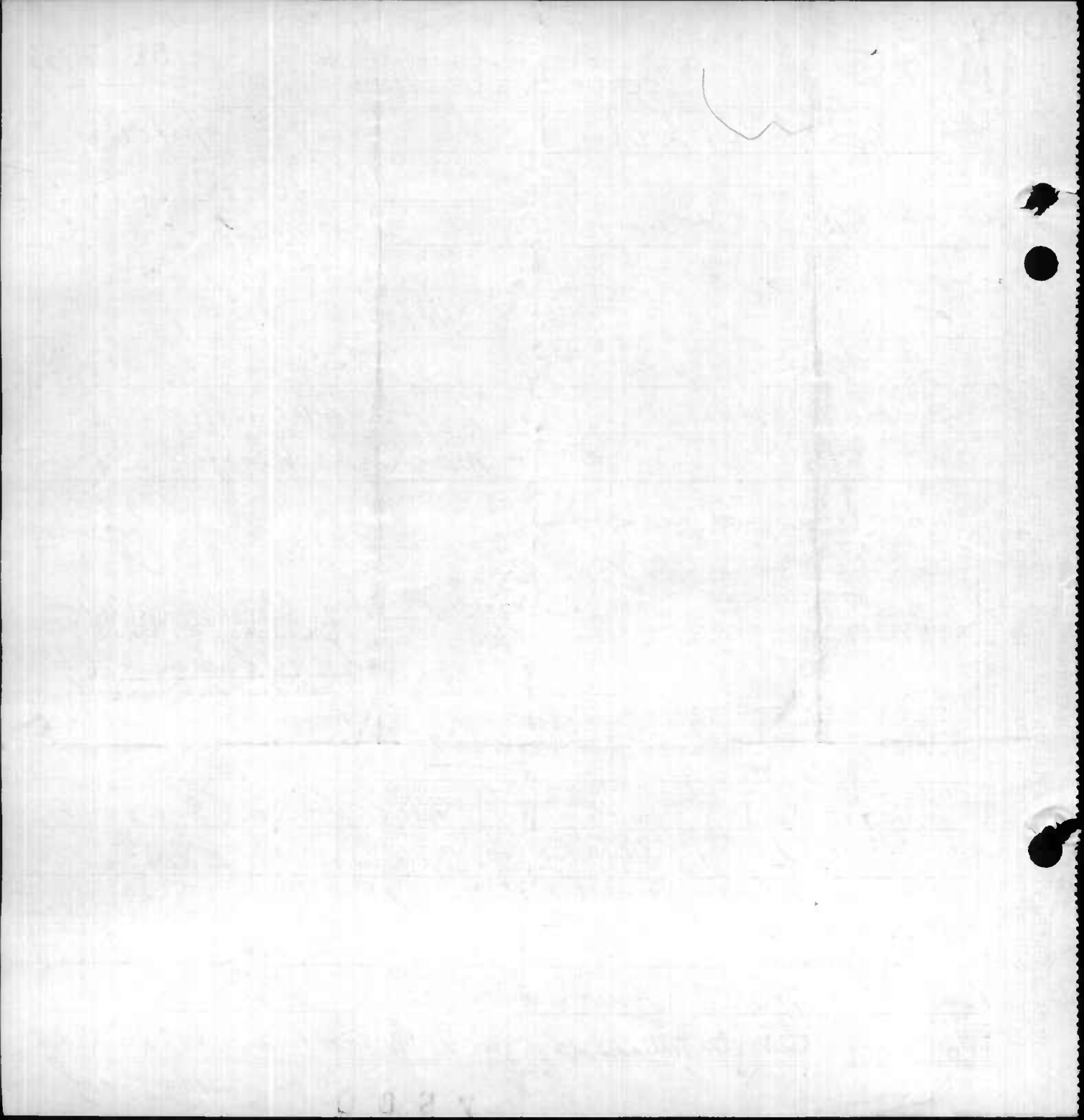
SEP-1-1951

VS 150

N-820.1

510807580

186a



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7596**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**VINCENZO DELLAMONICA**

2. DATE  
OF  
DEATH

**September 1, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

**Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**Franklin Square Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**346 Payson Street**

C. Length of stay in Baltimore

**4 YRS.**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**Sept. 13, 1894**

9. AGE (in years last birthday)

**56**

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**SHOEMAKER**

10B. KIND OF BUSINESS OR INDUSTRY

**Shoe Repair**

11. BIRTHPLACE (State or foreign country)

**ITALY**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**? DELLAMONICA**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

**NONE**

16. SOCIAL SECURITY NO.

**NONE**

17. INFORMANT

ADDRESS

**MARIE DELLAMONICA 346 S. Payson**

18. **470.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary artery sclerosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

**Stanley H. Durescher**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **September 1, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**9-5-51**

24C. NAME OF CEMETERY OR CREMATORY

**Glenwood Cemetery**

24D. LOCATION (City, town, or county) (State)

**Washington, D.C.**

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 1 - 1951**

REGISTRAR'S SIGNATURE

**Frederick Williams**

25. FUNERAL DIRECTOR

**Geo. L. Schwab 2101 Frederick**

V S 151

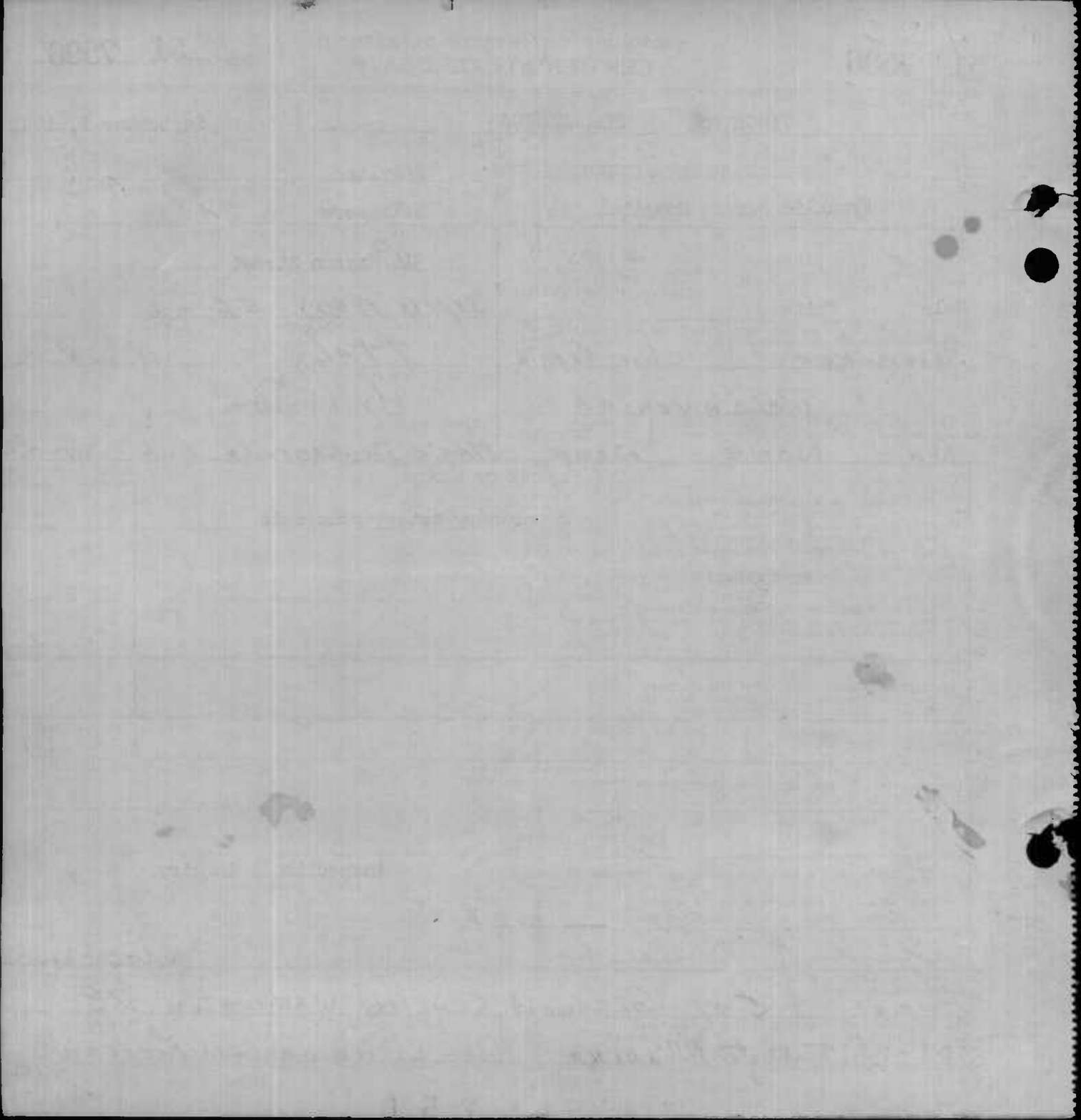
**582FE**

**94a**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7597BIRTH NO. 51 7597 51-21493

1. NAME OF DECEASED (Type or Print) <u>Baby Boy Kakaroukas</u>			2. DATE OF DEATH <u>8/31/51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>-</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> <u>2724 North Charles St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore - 20-07</u>		
c. Length of stay in Baltimore Yrs. <u>-</u> Mos. <u>-</u> Days <u>-</u>			D. STREET ADDRESS (If rural, give location) <u>2547 Edmondson Ave</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>8/31/51</u>	9. AGE (In years last birthday) <u>-</u>	10. Under 1 Year Months <u>1</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore?</u>			12. CITIZEN OF WHAT COUNTRY? <u>-</u>		
13. FATHER'S NAME <u>Gus Kakaroukas</u>			14. MOTHER'S MAIDEN NAME <u>Helen ?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>-</u> (If yes, give war or dates of service) <u>-</u>			16. SOCIAL SECURITY NO. <u>-</u>		
17. INFORMANT <u>Gus Kakaroukas</u>			ADDRESS <u>2547 Edmondson</u>		

18. <u>762.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis, Right lower lobe</u>		CAUSE OF DEATH (A) <u>Atelectasis, Right lower lobe</u>	INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>-</u>		DUE TO (C) <u>-</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>-</u>			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8/31/51</u> , 19 <u>51</u> , to <u>8/31/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/31/51</u> , 19 <u>51</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Samuel Williams md</u>		23B. ADDRESS <u>400 &amp; Liberty St. HB. Care.</u>		23C. DATE SIGNED <u>9/1/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>9/1/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St Peter's</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 1 - 1951</u>		24F. REGISTRAR'S SIGNATURE <u>Samuel Williams, MD</u>	
25. FUNERAL DIRECTOR <u>Wm Cook Inc.</u>		ADDRESS <u>1217 St Paul St</u>			

1000 12

VALLEY  
CO. 1891

G-500

51 7598

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7598

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH B. GWINN

2. DATE  
OF  
DEATH

Aug. 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Md.

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

3313 Bateman Ave.

C. CITY OR TOWN  
Baltimore

D. STREET ADDRESS (If rural, give location)

3313 Bateman Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 26, 1873

9. AGE (In years  
last birthday)

78

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Farson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Harbert L. Hesson - 3313 Bateman Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary thrombosis

4 wks.

DUE TO

ANTECEDENT CAUSES

(B) Coronary insufficiency

?

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis &amp; macrocytic anemia

?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Died in coma.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

Maurice E. Obermer

23B. ADDRESS

3300 W. North Ave.,

23C. DATE SIGNED

Sept. 1, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/3/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Mausoleum

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tiekner &amp; Sons -

SEP 2 - 1951

VS 150

1951 00007594a Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WATKINS  
CONTINENTAL  
BOND

WATKINS, Continental Bond Co., 1121

51 7599

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7599

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) *Emmanuel H. Orr*2. DATE OF DEATH *August 30, 1951*3. PLACE OF DEATH:  
A. Baltimore City, Maryland *Feb 6*4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE *md.* B. COUNTY *Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
*Baltimore* township)D. STREET ADDRESS (If rural, give location)  
*6702 Campbell Rd. 530*

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
*widowed*

8. DATE OF BIRTH

9. AGE (In years  
last birthday) *63*10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR  
INDUSTRY*at home*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Nathan Alexander*

14. MOTHER'S MAIDEN NAME

*Emmanuel Watkins*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *151X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Cancer of stomach, metastatic to liver +*

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-2, 1951*, to *8-30, 1951*, that I last saw the  
deceased alive on *8-30, 1951*, and that death occurred at *10:55 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*John B. Brough*

M. O.

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*8-31-51*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*9/3/51*

24C. NAME OF CEMETERY OR CREMATORY

*Loudon Park Cem.*

24D. LOCATION (City, town, or county)

*Balto., Md.*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Therese M. Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Wm. J. Tichenor & Sons*

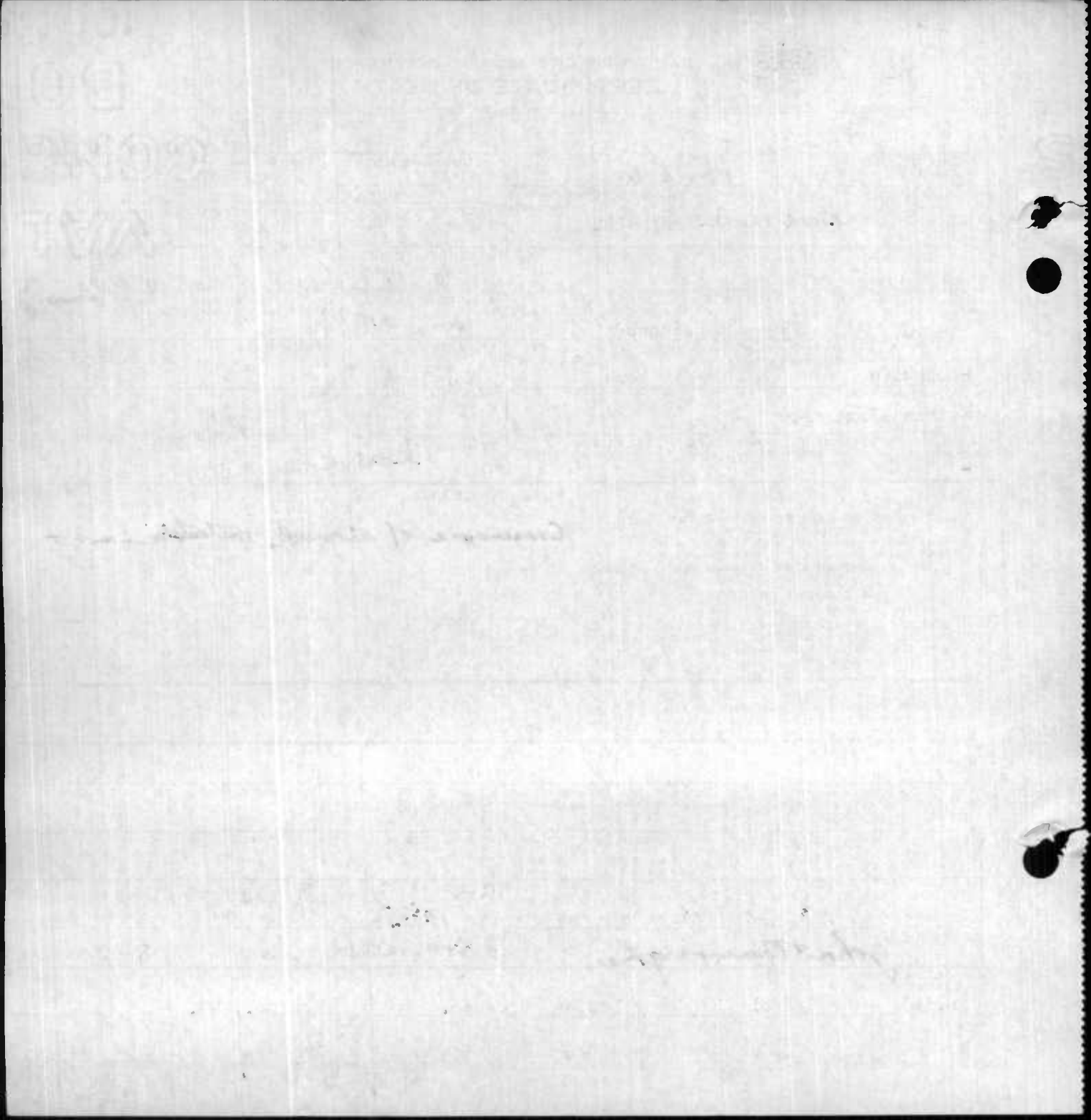
VS 150

*46 B Balto, Md.*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7600  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

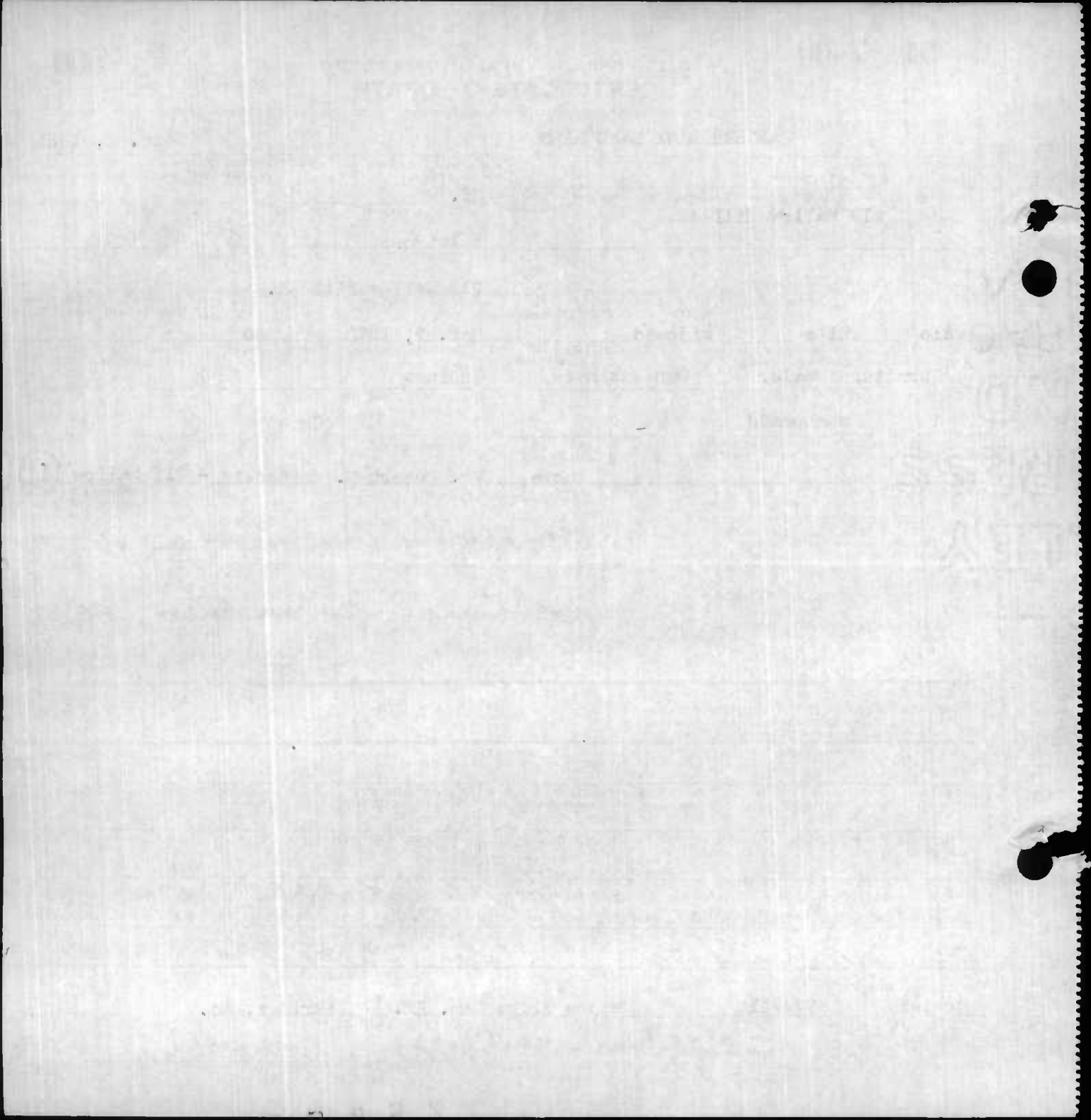
1. NAME OF DECEASED (Type or Print) <b>ARCHER DANA MacDONALD</b>		2. DATE OF DEATH <b>Sept. 1, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>218 Mallow Hill Rd.</b> <b>00</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>28-04</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>218 Mallow Hill Rd.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct. 7, 1870</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furniture Dealer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Business</b>	9. AGE (In years last birthday) <b>80</b> If Under 1 Year: Months: Days _____ If Under 24 Hours: Hours: Min. _____
11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>? MacDonald</b>		14. MOTHER'S MAIDEN NAME <b>? Shoup</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mr. Hubert N. MacDonald - 218 Mallow Hill Rd.</b>		ADDRESS _____	

18. <b>443 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>myocardial infarction</b> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <b>220.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Cardio-Vascular Disease</b> DUE TO _____		<b>20 yr.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Jan. 26</b> , 1950 to <b>Sept. 1</b> , 1951, that I last saw the deceased alive on <b>Aug. 31</b> , 1951, and that death occurred at <b>12:15 a. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William K. Gallager</b>		23B. ADDRESS <b>Catonsville - 28, Md.</b>		23C. DATE SIGNED <b>9-1-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/4/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Meadow Ridge Mem. Pk.</b>	
24D. LOCATION (City, town, or county) (State) <b>Elkridge, Md.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tickener &amp; Sons - Bach</b>		ADDRESS _____	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 2-1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tickener &amp; Sons - Bach</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-155

51 7601

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7601

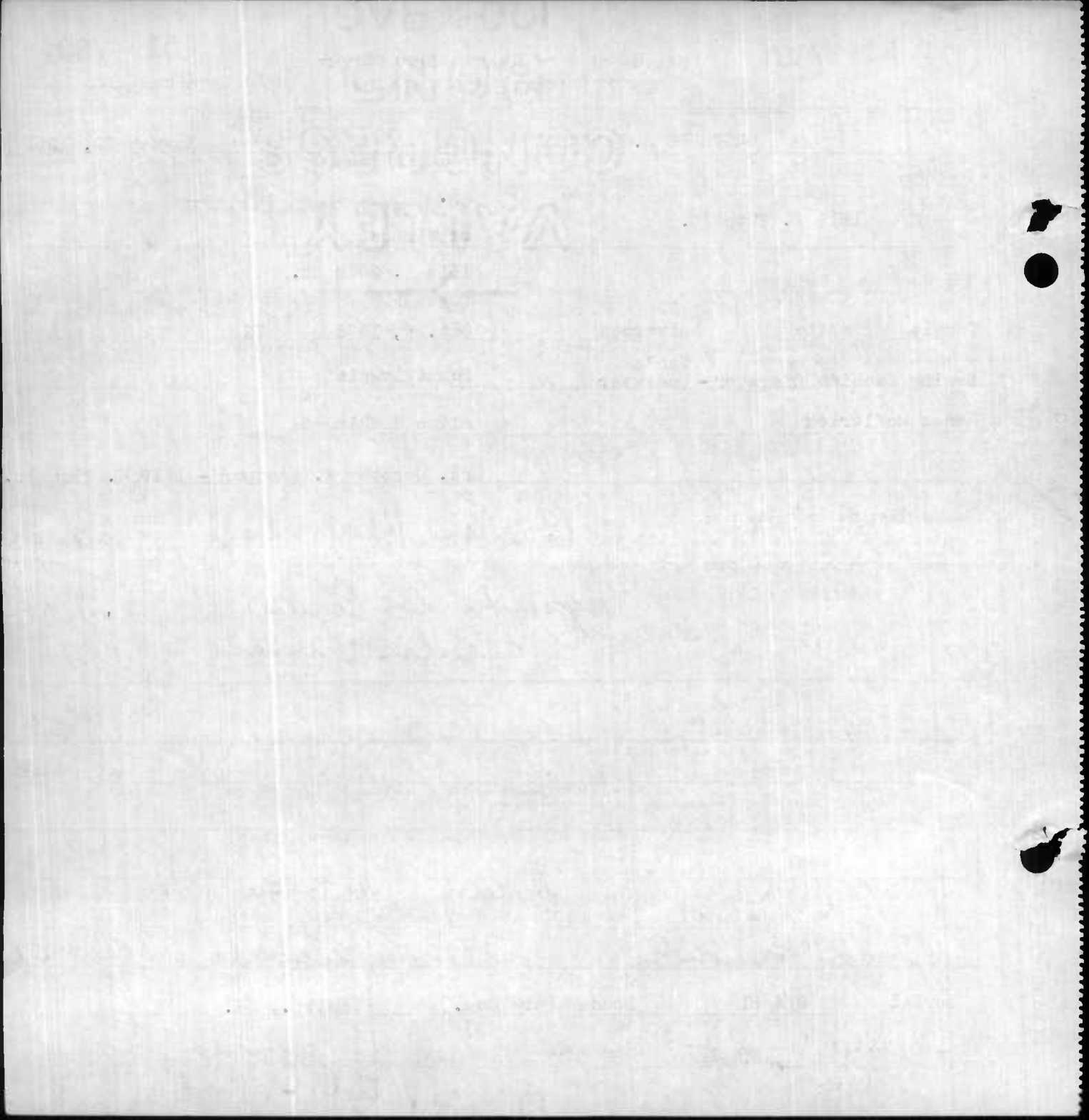
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GERTRUDE A. HOFFMAN		August 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Md.	
1519 E. 29th St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1519 E. 29th St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 9, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Machine Operator - Undewear		9. AGE (in years last birthday) 72	
13. FATHER'S NAME James McKittrick		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Alice Buckingham	
17. INFORMANT Mrs. Dorothy A. Kastner - 1519 E. 29th St.		ADDRESS	

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive Cardiovascular Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 6 days 9-March 1946
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-March, 1946 to 30-Aug, 1951, that I last saw the deceased alive on 30-Aug, 1951, and that death occurred at 11:50 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Chas W Edwards		23B. ADDRESS M. D. 2746 The Alameda		23C. DATE SIGNED 1-Sept-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/3/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 2-1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Thos. J. Tiekner & Sons	
VS 150		69046		705 0967 Balto., Md.	



S-416

51 7602

51 7602

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Susie Silverman</i>		2. DATE OF DEATH <i>September 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>00 3401 Denison Rd.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-11</i>			
C. Length of stay in Baltimore <i>55 YRS</i>		D. STREET ADDRESS (If rural, give location) <i>3401 Denison Road</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>1879</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Hyman Fuxman</i>		12. CITIZEN OF WHAT COUNTRY? _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Hattie Rudolph</i> ADDRESS <i>3401 Denison Road</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Acute Coronary Infarction</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Ch Myocardial disease</i>			
		(C) <i>Ch Hypertension</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/4</i> <sup>1946</sup> to <i>8/30</i> <sup>1951</sup> , that I last saw the deceased alive on <i>8/30</i> , 1951, and that death occurred at <i>2:30</i> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>A. H. Hornstein</i>		23B. ADDRESS <i>204 E. Biddle St</i>		23C. DATE SIGNED <i>9/1/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/2/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Beth Tfilsh Cong.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>		25. FUNERAL DIRECTOR <i>Sol. Linson &amp; Bros. - 1124 W. North Avenue</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 2 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>			

VS 150

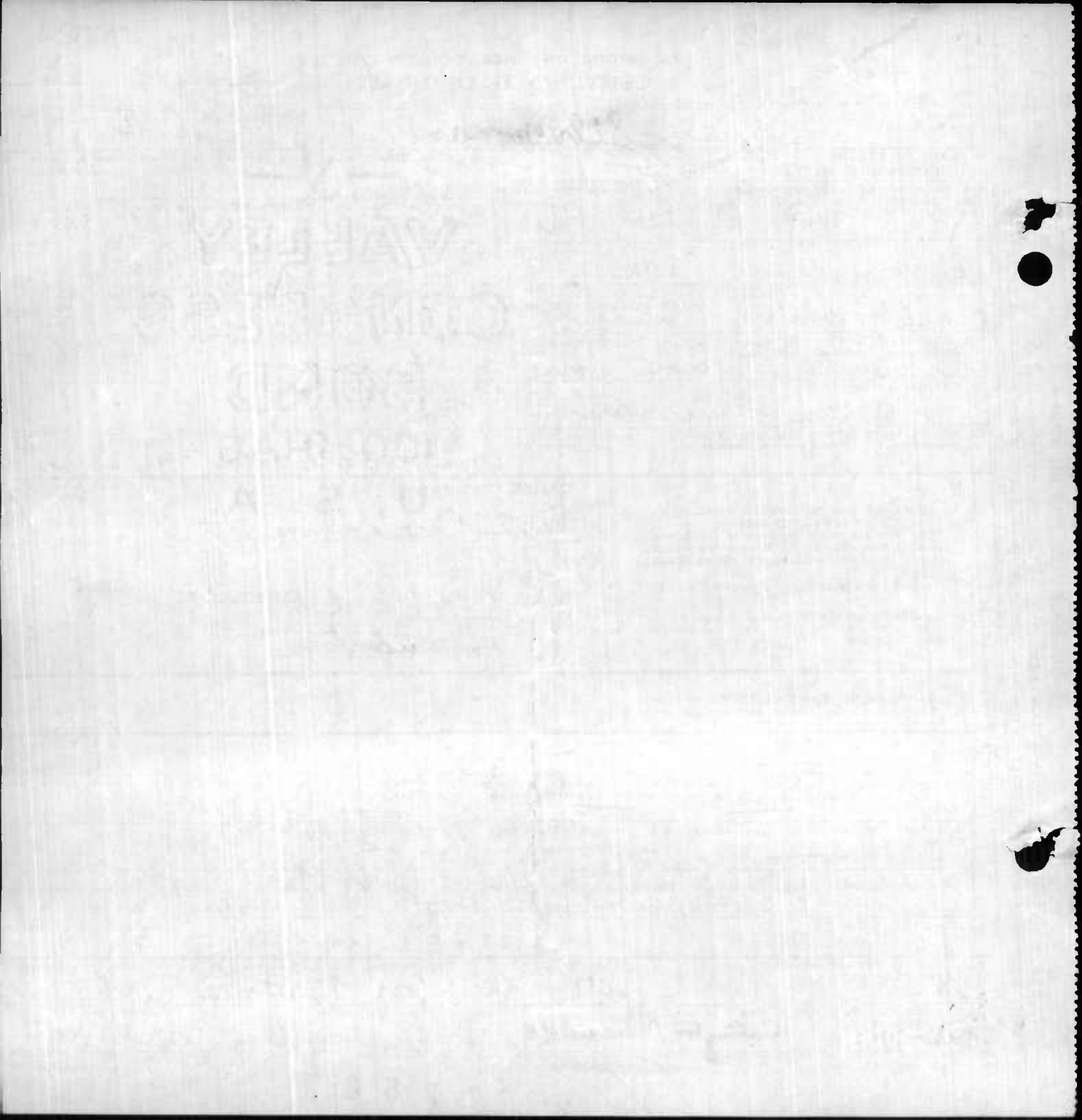
18510907507

93E Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





51 7603

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7603

Registered No.

BIRTH NO. <u>51-19615</u>		2. DATE OF DEATH <u>Aug. 24, 1951</u>	
1. NAME OF DECEASED (Type or Print) <u>Baby Girl Parker</u>		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto.</u>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		O. STREET ADDRESS (If rural, give location) <u>617 N. Carey St.</u>	
C. Length of stay in Baltimore <u>12</u> Yrs. <u>1</u> Mos. <u>0</u> Days		8. DATE OF BIRTH	
5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</u>	7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday) <u>1</u> Under 1 Year <u>1</u> Under 24 Hours <u>1</u> Under 24 Hours <u>1</u> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Joseph Nutt</u>		14. MOTHER'S MAIDEN NAME <u>Eloise Parker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mother</u> ADDRESS <u>617 N. Carey St.</u>
18. <u>762.5</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Anoxia</u> DUE TO ANTECEDENT CAUSES (B) <u>Immaturity</u> DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>August 24, 1951</u> , to <u>August 24, 1951</u> , that I last saw the deceased alive on <u>August 24, 1951</u> , and that death occurred at <u>10:50 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>K. Kennedy, M.D.</u>		23B. ADDRESS <u>University Hospital</u>	23C. DATE SIGNED <u>8-24-51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>	24D. LOCATION (City, town, or county) (State) <u>AUG 28 1951</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 2-1951</u>	REGISTRAR'S SIGNATURE <u>W. H. Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Commissioner of Health</u> ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL FORWOOD

2. DATE  
OF  
DEATH

AUG 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR UNION Memorial Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Westminister

Route #4

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

10 hours 43 min.

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug 26, 1951

9. AGE (In years  
last birthday)H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Mr. AUSTEN VENTNORE FORWOOD

14. MOTHER'S MAIDEN NAME

EASTERLING  
MATTIE LORRAINE FORWOOD15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Personal Record sheet, Union Memorial  
Hosp.

18.

762.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Bilateral massive atelectasis

10 hrs.

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Congenital heart disease with  
patent ductus arteriosus and patent foramen ovale

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Aug 26, 1951, to Aug 26, 1951, that I last saw the  
deceased alive on Aug 26, 1951, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Leslie D. Hubbard

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Aug 26, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL AUG 27 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 - 1951

H. H. Williams, M.D.

Commissioner of Health

68 16

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery	
16. Signature of church		17. Signature of family		18. Signature of friends	
19. Signature of neighbors		20. Signature of community		21. Signature of society	
22. Signature of association		23. Signature of organization		24. Signature of institution	
25. Signature of government		26. Signature of state		27. Signature of county	
28. Signature of city		29. Signature of town		30. Signature of village	
31. Signature of hamlet		32. Signature of precinct		33. Signature of ward	
34. Signature of district		35. Signature of parish		36. Signature of township	
37. Signature of county		38. Signature of state		39. Signature of nation	
40. Signature of world		41. Signature of universe		42. Signature of everything	
43. Signature of nothing		44. Signature of nowhere		45. Signature of never	
46. Signature of nowhere		47. Signature of never		48. Signature of nothing	
49. Signature of nowhere		50. Signature of never		51. Signature of nothing	
52. Signature of nowhere		53. Signature of never		54. Signature of nothing	
55. Signature of nowhere		56. Signature of never		57. Signature of nothing	
58. Signature of nowhere		59. Signature of never		60. Signature of nothing	
61. Signature of nowhere		62. Signature of never		63. Signature of nothing	
64. Signature of nowhere		65. Signature of never		66. Signature of nothing	
67. Signature of nowhere		68. Signature of never		69. Signature of nothing	
70. Signature of nowhere		71. Signature of never		72. Signature of nothing	
73. Signature of nowhere		74. Signature of never		75. Signature of nothing	
76. Signature of nowhere		77. Signature of never		78. Signature of nothing	
79. Signature of nowhere		80. Signature of never		81. Signature of nothing	
82. Signature of nowhere		83. Signature of never		84. Signature of nothing	
85. Signature of nowhere		86. Signature of never		87. Signature of nothing	
88. Signature of nowhere		89. Signature of never		90. Signature of nothing	
91. Signature of nowhere		92. Signature of never		93. Signature of nothing	
94. Signature of nowhere		95. Signature of never		96. Signature of nothing	
97. Signature of nowhere		98. Signature of never		99. Signature of nothing	
100. Signature of nowhere		101. Signature of never		102. Signature of nothing	

103. Signature of nowhere  
104. Signature of never  
105. Signature of nothing

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7605

BIRTH NO. 51-19749

1. NAME OF DECEASED  
(Type or Print)

Sharon Bruce

2. DATE  
OF  
DEATH

8-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY Gen. Hosp.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 16-08

D. STREET ADDRESS (if rural, give location)

103 N. August Ave. #29

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

8-25-51

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Joseph Henry Poruce

14. MOTHER'S MAIDEN NAME

Sarah Faggio

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Fetal Atelectasis

ANTECEDENT CAUSES

(B) DUE TO

Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25/51, 19\_\_, to 8/25/51, 19\_\_, that I last saw the deceased alive on 8/25/51, 19\_\_, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. MacPherson M. D.

23B. ADDRESS

Maryland Gen Hosp.

23C. DATE SIGNED

8/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HUPKINS MEDICAL SCHOOL AUG 29 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 - 1951

Commissioner of Health



RECEIVED

1950

1950

1950

1950

1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-600

51 7606

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7606

Registered No.

BIRTH NO.

51-19948

1. NAME OF DECEASED  
(Type or Print)

LEARY, STEPHEN WILLIAM

2. DATE  
OF  
DEATH

8-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Md. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md. General Hospital  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 21-02

c. Length of stay in Baltimore

2

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

N.B.

8. DATE OF BIRTH

8-26-51

9. AGE (In years last birthday)

10 Under 1 Year Months Days 2  
11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Francis Leary

14. MOTHER'S MAIDEN NAME

Constance Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

762.5 I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Fetal Atelectasis  
Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

none

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26-1951 to 8-28-1951, that I last saw the deceased alive on 8-28-1951, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Fetter M.D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

8-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL AUG 29 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2-1951

Commissioner of Health

Commissioner of Health

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VETERINARY MEDICINE

8-28

REPORT OF VETERINARY MEDICINE

At General Hospital  
Washington

At General Hospital  
Washington

8-28-21

8-28

General Hospital  
Washington

General Hospital  
Washington

General Hospital  
Washington

General Hospital  
Washington

General Hospital  
Washington

General Hospital  
Washington

General Hospital  
Washington

1921

51 7607

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7607

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL

SCHWARTZ

2. DATE  
OF  
DEATH

August 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Coldspring Lane and Greenspring Ave. Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Sigmund Friedler Nursing Home, 2449 Shirley Ave.

c. Length of stay in Baltimore

49

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

78

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

191405

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

LITH

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

REB9

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

217-07-2505

17. INFORMANT

ADDRESS

MOREY SCHWARTZ - 3505 MENLO DR.

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. B. Cohen

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
8/31/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/2/1951

24C. NAME OF CEMETERY OR CREMATORY

North Mt. Rd.

24D. LOCATION (City, town, or county)

Baltimore

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 2 1951

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Eutaw PL.

VS 151

7 5 9 2

937

252-29  
625-25  
282-69

F. 632 51 7608

51 7608

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ANNA FRADKIN

2. DATE  
OF  
DEATH

9/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE City 15-38

D. STREET ADDRESS (If rural, give location)

3405 PIEDMONT AVE #15

c. Length of stay in Baltimore

45

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life even if retired)

Home Work

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Hellen Fradkin 3405 Piedmont Ave

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CEREBRO - VASCULAR ACCIDENT Approx 2 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ASHCVD.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 1951, to Sept 1, 1951, that I last saw the  
deceased alive on Aug. 31, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Leon Hammer

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

9/1/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2 - 1951

Huntington Williams, M.D.

Jack Lewis Inc - 2100 Eutaw Pl.

VS 150

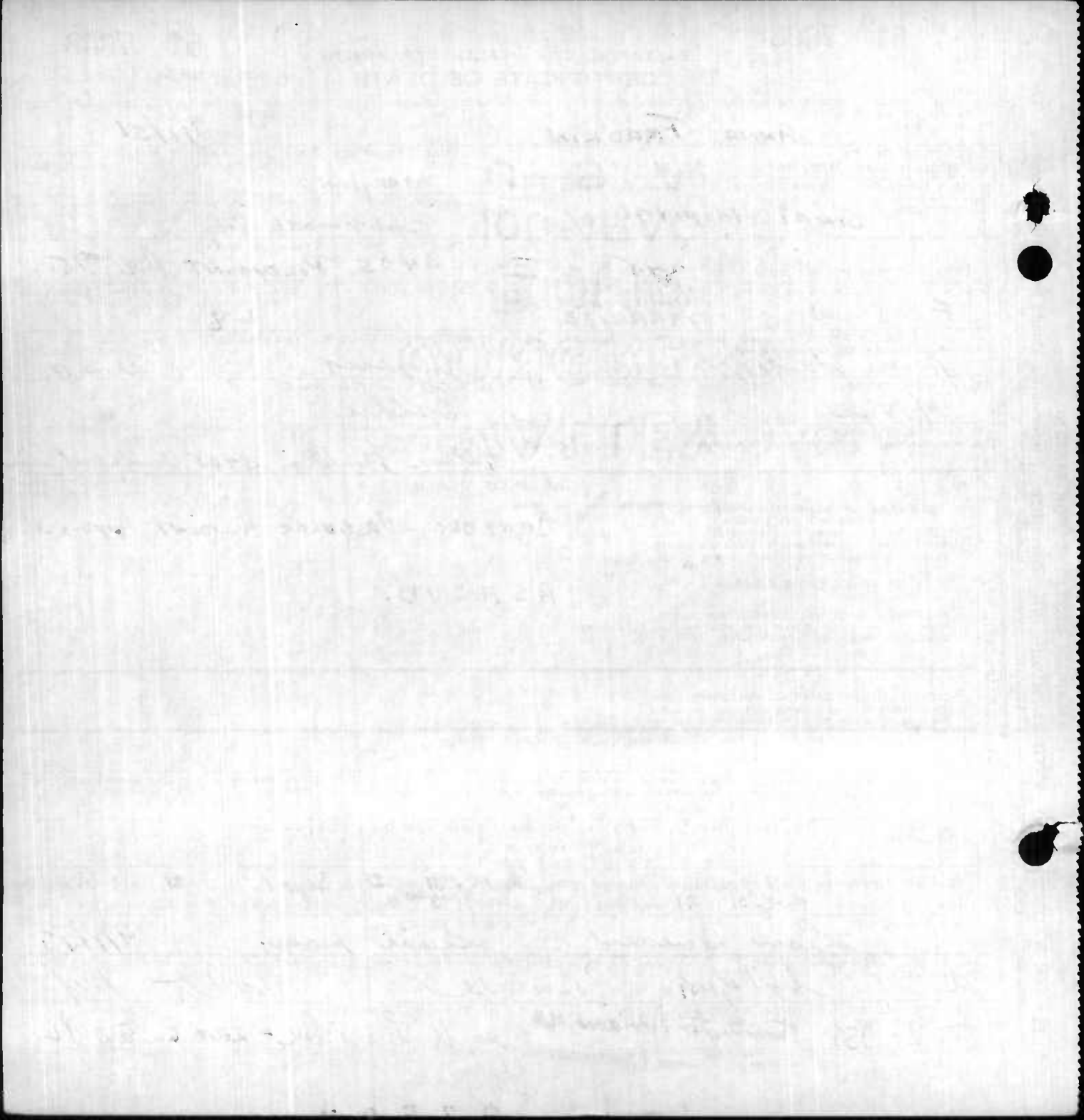
7208A

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





51 7609

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7609

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MR. HERBERT SWEREN

2. DATE  
OF  
DEATH

9-1-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

THE CHURCH HOME &amp; HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 15-13

D. STREET ADDRESS (If rural, give location)

4001 DERBY MANOR DRIVE.

c. Length of stay in Baltimore

38 YRS.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-30-1912 38

9. AGE (In years, last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

AUTOMOBILE

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

U.S.N.

13. FATHER'S NAME

SWEREN, SAMUEL

14. MOTHER'S MAIDEN NAME

LEVITSKY, REBECCA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

212-10-6972

17. INFORMANT

ADDRESS

RECORDS.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) LYMPHOMA, NON SPECIFIC - DISSEMINATED.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

7 MOS.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24 1957, to 9-1 1957, that I last saw the deceased alive on 9-1 1957, and that death occurred at 2:32 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert G. Stoen

M. D.

23B. ADDRESS

Church Home &amp; Hosp.

23C. DATE SIGNED

9-1-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/2/1957

24C. NAME OF CEMETERY OR CREMATORY

Roseale

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

SEP 2-1957

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Jack Lewis Inc

ADDRESS

2100 Eatons Pl

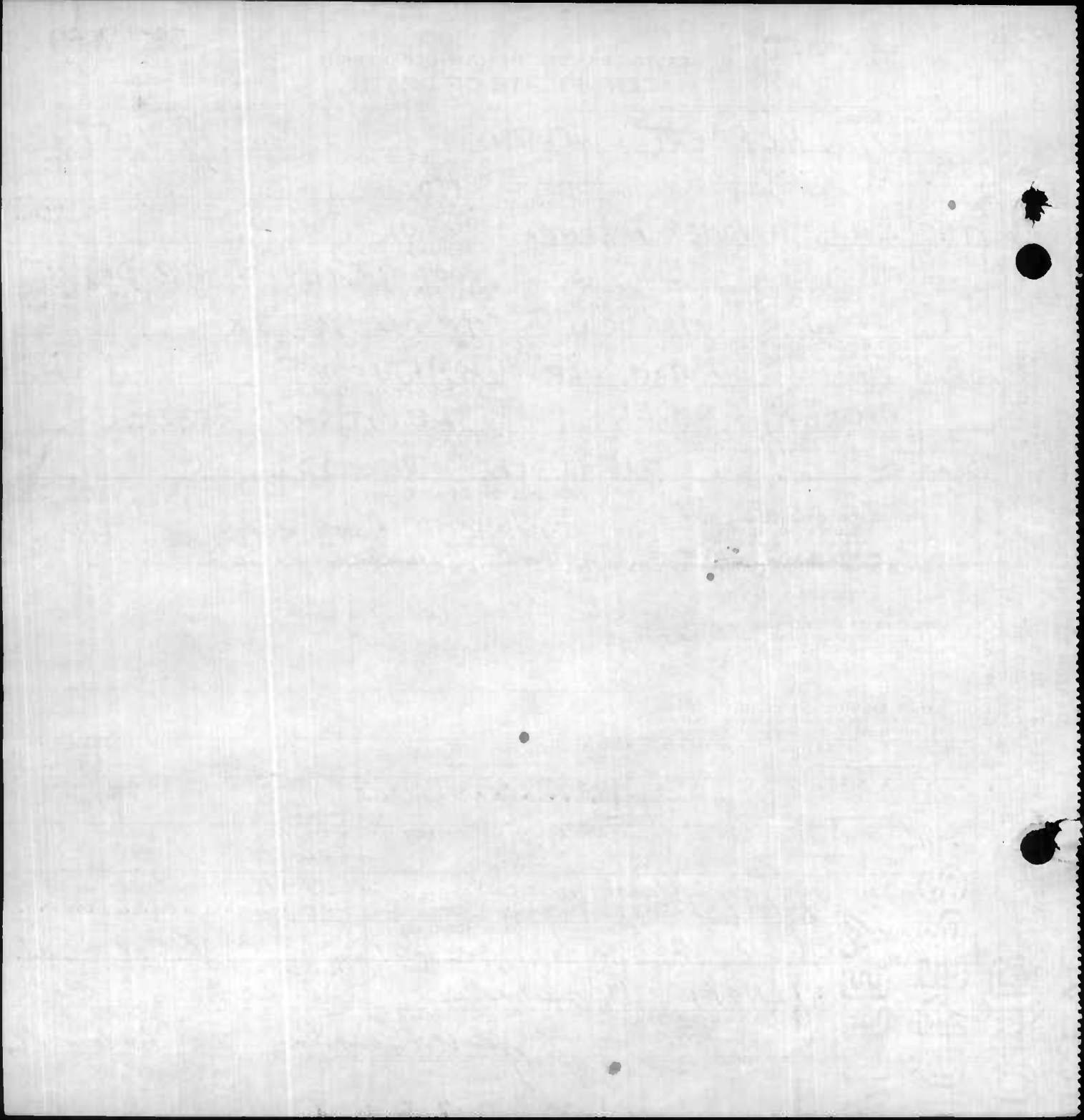
VS 150

1957 14906J 2504

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7610

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7610

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Annie J. Peterson

2. DATE  
OF

DEATH Aug 31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

907 W.40th St.

13-07

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Jan 25, 1879

72

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Housework

Maryland

U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Joseph Yingling.

Amanda Corbin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Etta Bortle 907 W.40th St.

18.

331X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Aug. 31, 1951, to Aug. 31, 1951, that I last saw the  
deceased alive on Aug. 31, 1951, and that death occurred at 10:25 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Reuben Hoffman

M. D.

846 W. 36 St. 51.

9-1-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept 4/51

Poplar

Balto Co, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 2-1951

Huntington Williams, Jr.

Austin E. Donovan 3818 Roland Ave

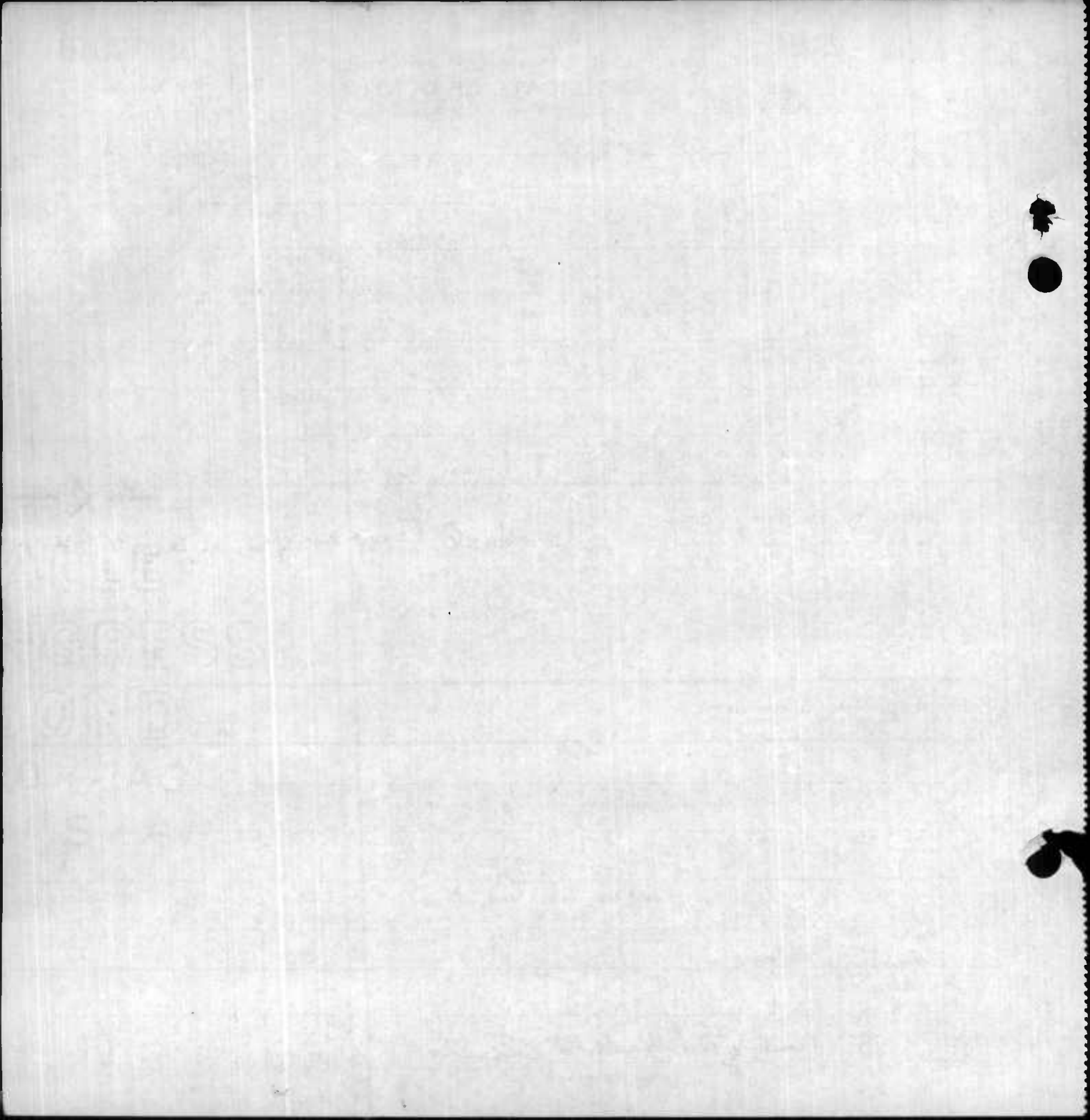
VS 150

720 61 07505

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7611  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Violet L. Hedrick.</b>		2. DATE OF DEATH <b>Sept 1, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3818 Hickory Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-07</b>	
C. Length of stay in Baltimore <b>Life</b> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>3818 Hickory Ave</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 4, 1923</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>28</b>
13. FATHER'S NAME <b>Howard Babylon.</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Alice Steele</b>	
17. INFORMANT <b>Charles W. Hedrick</b>		ADDRESS <b>3818 Hickory Ave</b>	

18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis</b> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Jan.</b> , 19 <b>40</b> , to <b>Sept 1</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Aug 31</b> , 19 <b>51</b> , and that death occurred at <b>8:17</b> m., from the causes and on the date stated above.		
23A. SIGNATURE <b>M. W. Jacobson</b>	23B. ADDRESS M. D. <b>2310 Canton Place</b>	23C. DATE SIGNED <b>9-1-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept 4/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Mary's, Hampden</b>
24D. LOCATION (City, town, or county) (State) <b>#3900 Roland Ave. Md</b>		25. FUNERAL DIRECTOR <b>Justin E. Donovan - 3818 Roland Ave</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 2 - 1951</b>		

VS 150

19510002596

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Dr. Jacobson  
4204 Pittman Ave

VALLEY  
COMPRESS  
2040

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7612

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Marie H. Cook

2. DATE  
OF  
DEATH Aug. 31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)419<sup>N</sup> Chapel Gate Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-04

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

419<sup>N</sup> Chapel Gate Lane

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 3, 1888

9. AGE (In years last birthday)

63

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Edward T. Scharf

14. MOTHER'S MAIDEN NAME

Harriett Woodward

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alfred J. O'Ferrall, 419 Chapel Gate Lane, Balto. 29

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

1 yr

3 mon

of R. Ferrall (no accident)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 1951

19B. MAJOR FINDINGS OF OPERATION

C.A. of Heart

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1950, to 8-31-1951, that I last saw the deceased alive on 8-31, 1951, and that death occurred at 11A m., from the causes and on the date stated above.

23A. SIGNATURE

James Estowes

M. D.

23B. ADDRESS

Calomine

23C. DATE SIGNED

9-1

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 3/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, 4300 Old Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry F. Mitzke

4101 Edmondson Ave.

W. - 28-04

S. - 25-01

51 7613

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7613

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

CHARLES REISS

Sept. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3902 NORFOLK AVE.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

15-09

D. STREET ADDRESS (If rural, give location)

3902 NORFOLK AVE.

c. Length of stay in Baltimore

9 YRS.

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

8/9/45 5-3

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

ELECTRICAL BURNER

RAILROAD

PENNSYLVANIA

U. S. A

13. FATHER'S NAME

AMBROSE REISS

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

YES

WORLD WAR II

177-05-1007

Mrs. Mary Scharf 3902 Norfolk Ave.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ACUTE CORONARY OCCLUSION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

BURIAL

9-6-1951

ST. MARY'S CEMETERY

DATE RECEIVED BY  
DEAD REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 5 - 1951

Huntington Williams, M.D.

Geo. L. Schwab 2101 Frederick Ave

VS 150

68550

07598

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



E-420 51 7614

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7614

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mrs Augusta Glos</i>		2. DATE OF DEATH <i>9-2-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Levindale Aged Home</i>		D. STREET ADDRESS (If rural, give location) <i>Levindale Aged Home</i>		C. LENGTH OF STAY IN BALTIMORE <i>50 yrs.</i> Yrs. _____ Mos. _____ Days _____	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	8. DATE OF BIRTH <i>1889</i>	9. AGE (in years last birthday) <i>62</i>	10. MONTHS _____ DAYS _____ HOURS _____ MIN. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>Gabriel Scher</i>		14. MOTHER'S MAIDEN NAME <i>Rachel Stockman</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Miss Elsie Hoffman-3012 Virginia Avenue</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i>		CAUSE OF DEATH (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Cerebral arteriosclerosis</i> DUE TO _____ (C) <i>General arteriosclerosis</i> _____				<i>years</i> <i>years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-15</i> , 19 <i>51</i> , to <i>9-2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9-1</i> , 19 <i>51</i> , and that death occurred at <i>2 a.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome J. Blumberg</i> M. D.		23B. ADDRESS <i>Levindale Home</i>		23C. DATE SIGNED <i>9-2-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/3/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bnai Isreel Cong.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		24E. FUNERAL DIRECTOR <i>Sol Lerner &amp; Bros.</i>		24F. ADDRESS <i>-1124-26W. North Avenue</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 3 - 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS	



12-2-21

12-2-21

12-2-21

12-2-21

12-2-21

12-2-21

51 7615

LA-1061

51 7615

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Charles M. Green

2. DATE  
OF  
DEATH

Sept. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

Mercy Hospital Inc

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-41

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3614 Mohawk Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/22/1898

9. AGE (in years)

53

10. Under 1 Year  
Months: Days  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto Dealer

10B. KIND OF BUSINESS OR  
INDUSTRY

Proprietor

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Aaron Green

14. MOTHER'S M maiden name

Z

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

Z

(If yes, give year or dates of service)

N. W. 1

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lenora Green, 3614 Mohawk Avenue

18.

4201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951 to Sept 2, 1951 that I last saw the deceased alive on Sept 2, 1951 and that death occurred at 2: A. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward M. Lippie

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

Sept 2, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 3/51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 3 - 1951

REGISTRAR'S SIGNATURE

Curtis Williams, M.D.

25. FUNERAL DIRECTOR

Sol Lewinsohn &amp; Sons

ADDRESS

11260 North Ave

VS 150

2 900 607

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WALTER  
ROBERTS  
BONNE  
DOUGLAS

51 7616

CERTIFICATE CORRECTED

9-24-51

51 7616

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)ESSIE MAE GRANDISON  
ERNE GRANDIRON2. DATE  
OF  
DEATH

August 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

No home 812 N. Gay St.

c. Length of stay in Baltimore

5. SEX

Male

Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday) Months Days Hours Min.

35?

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. E983X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Bilateral subdural hematoma

DUE TO

(C) Cerebral contusion and edema

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Sidewalk

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)Paul's Tavern  
951 Gay Street21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Found Aug. 4, 1951-12-15 m.

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pushed to pavement; struck head

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 4, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 20 1951

DATE RECEIVED BY  
LEGAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

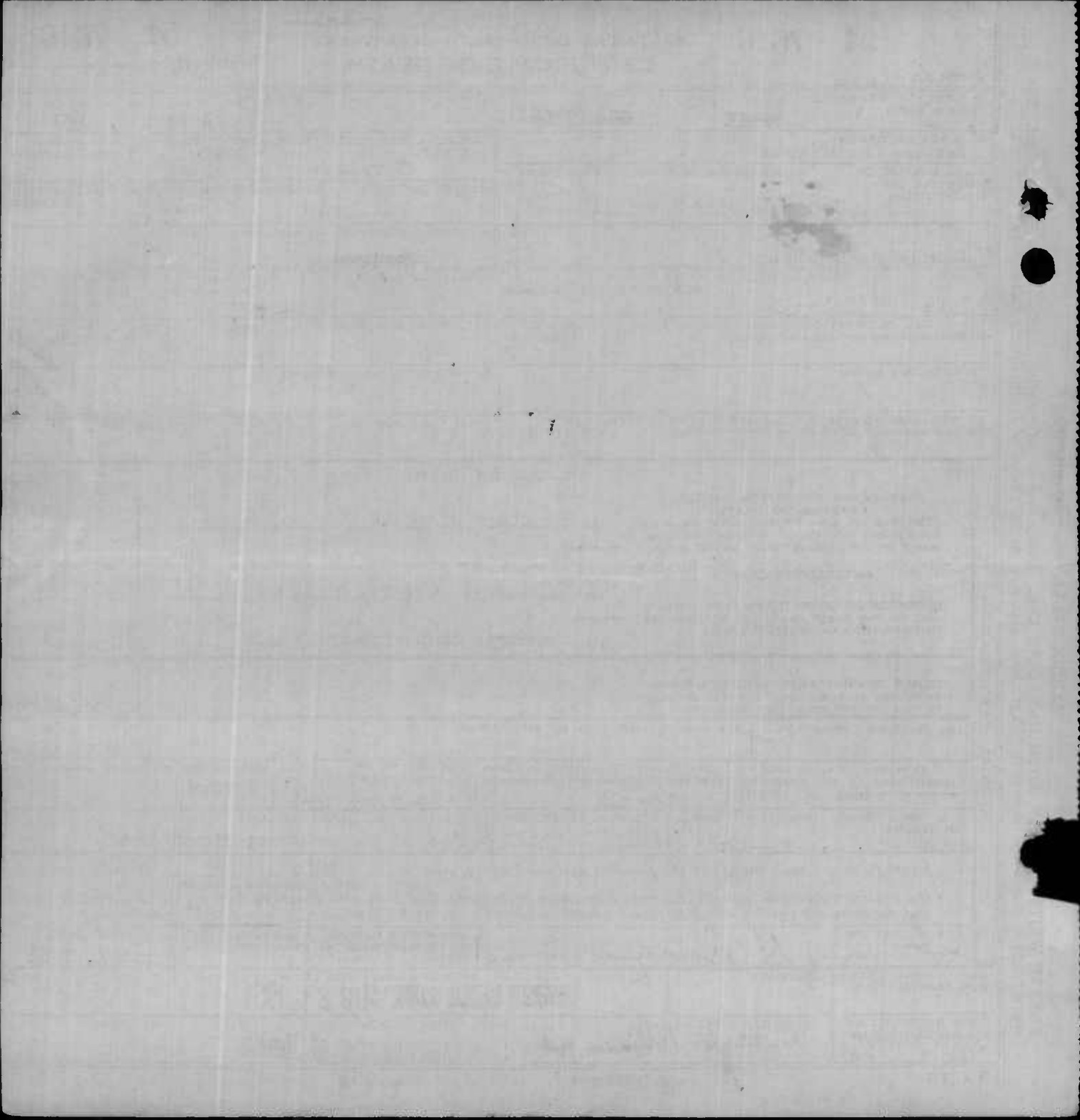
ADDRESS

Commissioner of Health

VS 151

N-803.0

168



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN

WATSON

2. DATE  
OF  
DEATH

August 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

17-01

D. STREET ADDRESS (If rural, give location)

615 N. Paca Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

42

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 982X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Stab wound of chest

ANTECEDENT CAUSES

(B)

Right hemothorax

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

615 N. Paca Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Aug. 14, 1951 12:05 A.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William H. Smith

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 14, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 20 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

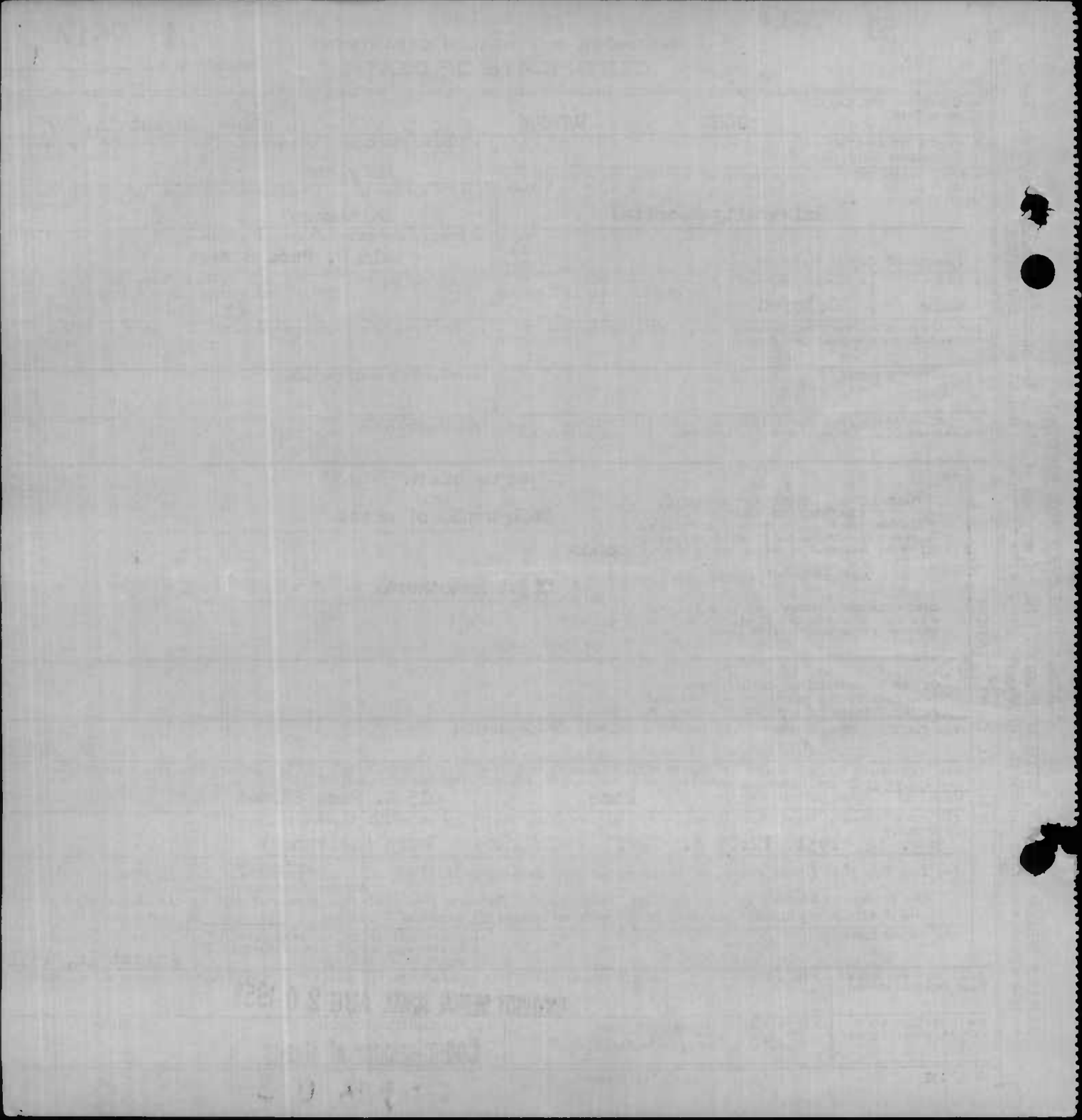
VS 151

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E-1-16 0.2

167





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7618

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIE

C.

BRYANT

2. DATE  
OF  
DEATH

7-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

724 W. Saratoga Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

33

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

W

16. SOCIAL SECURITY NO.

17. INFORMANT

N

ADDRESS

18.

E982X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Stab wound of chest

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

!!  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Mulberry St. &amp; Myrtle Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

July 31, 1951 1:30 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Surlescher M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 24 1951

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 - 1951

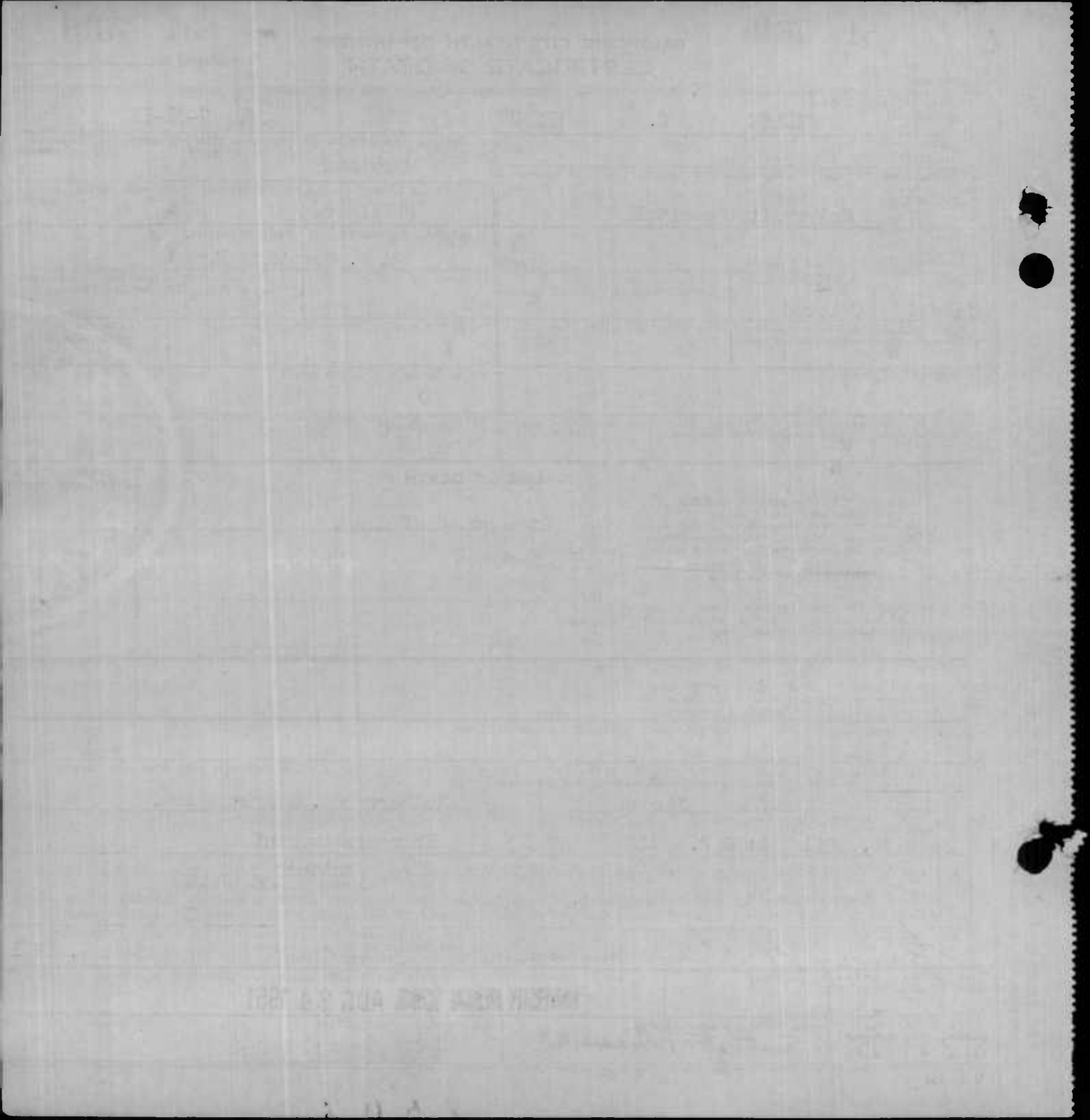
T. W. Williams, M.D.

Commissioner of Health

VS 151

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167



N-1360

51 7619

NETHERLY

BALTIMORE CITY HEALTH DEPARTMENT

51 7619

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harrison Netherly

2. DATE  
OF  
DEATH

8-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-01

D. STREET ADDRESS (If rural, give location)

510 E Fayette St

c. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

1890

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Del

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Eber Netherly

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Self

ADDRESS

18.

581.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metabolic failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Cirrhosis (hepatic)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7, 1951 to 8-12, 1951, that I last saw the deceased alive on 8-12, 1951, and that death occurred at 7:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Eber Netherly

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 21 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 - 1951

Eber Netherly

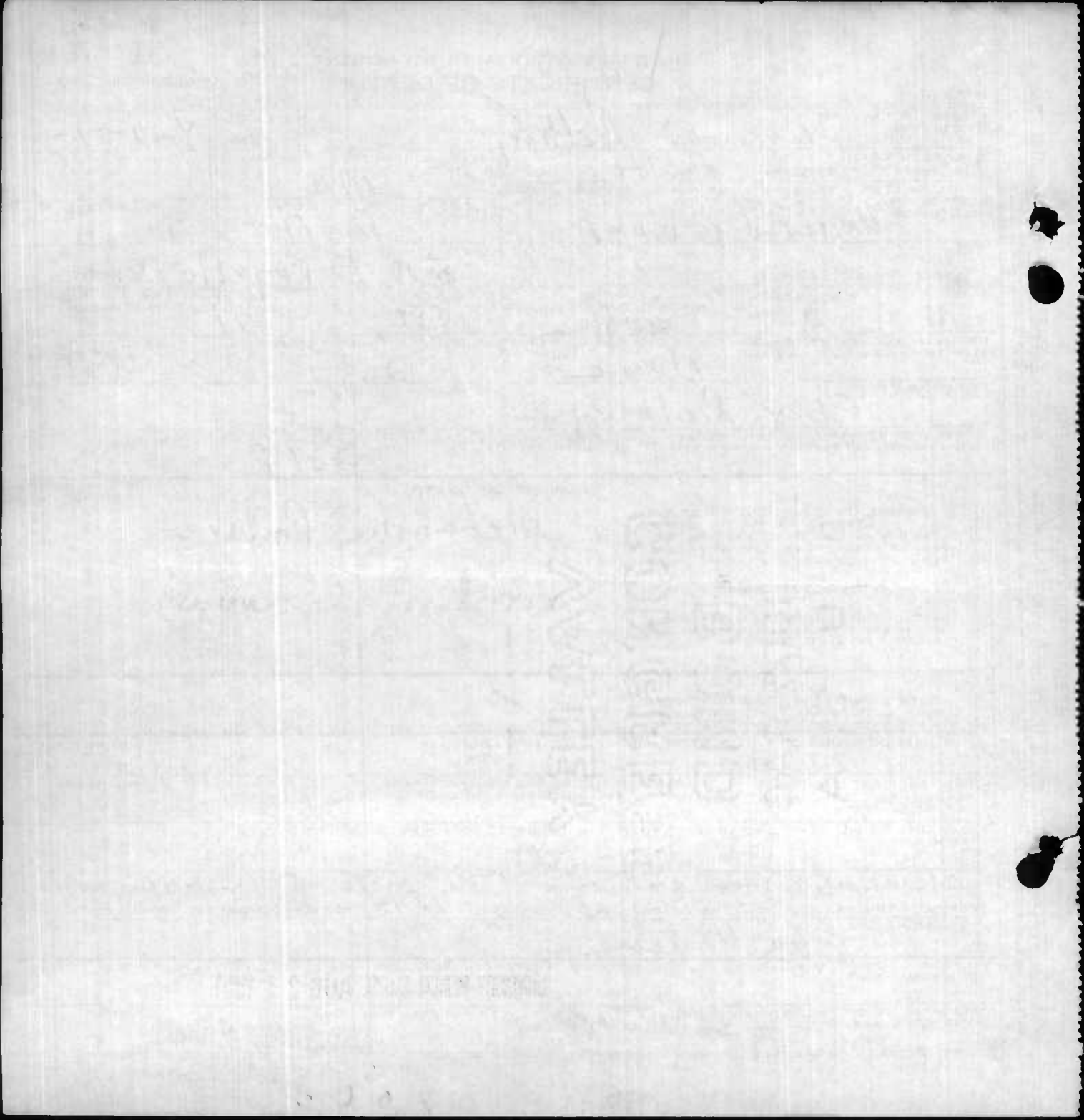
Commissioner of Health

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MK-128978

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) George Holloway

2. DATE

OF DEATH

8-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR Baltimore City Hospitals location)  
INSTITUTION

4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

No home address: B.C.H. Infirmary

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

1 1 1

9. AGE (In years

last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

(D)

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Records B.C.H. 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHOver  
1 yr.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14-1949, to 8-12-51, 19\_\_, that I last saw the  
deceased alive on 8-12-51, 19\_\_, and that death occurred at 8:40P m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

8-17-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 21 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

SEP 3 - 1951

VS 150

937



1-1

SECRET

SECRET

SECRET

SECRET

SECRET

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Edna Wood*2. DATE  
OF  
DEATH*Sept. 2, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission)

A. STATE

*Maryland*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

*2866 W. Lanvale St.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**16-06*

c. Length of stay in Baltimore

*Life*Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

*2866 W. Lanvale St.*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*S*

8. DATE OF BIRTH

*3.4.1895*

9. AGE (in years last birthday)

*56*If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*House*

10B. KIND OF BUSINESS OR INDUSTRY

*Own Home*

11. BIRTHPLACE (State or foreign country)

*Baltimore*

12. CITIZEN OF WHAT COUNTRY?

*USA*

13. FATHER'S NAME

*Walter Woods*

14. MOTHER'S MAIDEN NAME

*Catherine ?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*NO**NO*

16. SOCIAL SECURITY NO.

*NO*

17. INFORMANT

ADDRESS

*Sidney I. Kellam 101 E. Redwood St.*

18.

*420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Myocardial Infarction*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

*Coronary Artery Disease**1 year*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

*Hypertension, or C.V. Ill*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 1950* to *Aug 30, 1951*, that I last saw the deceased alive on *Aug 30, 1951*, and that death occurred at *8:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**9.4.51**Western**Baltimore*

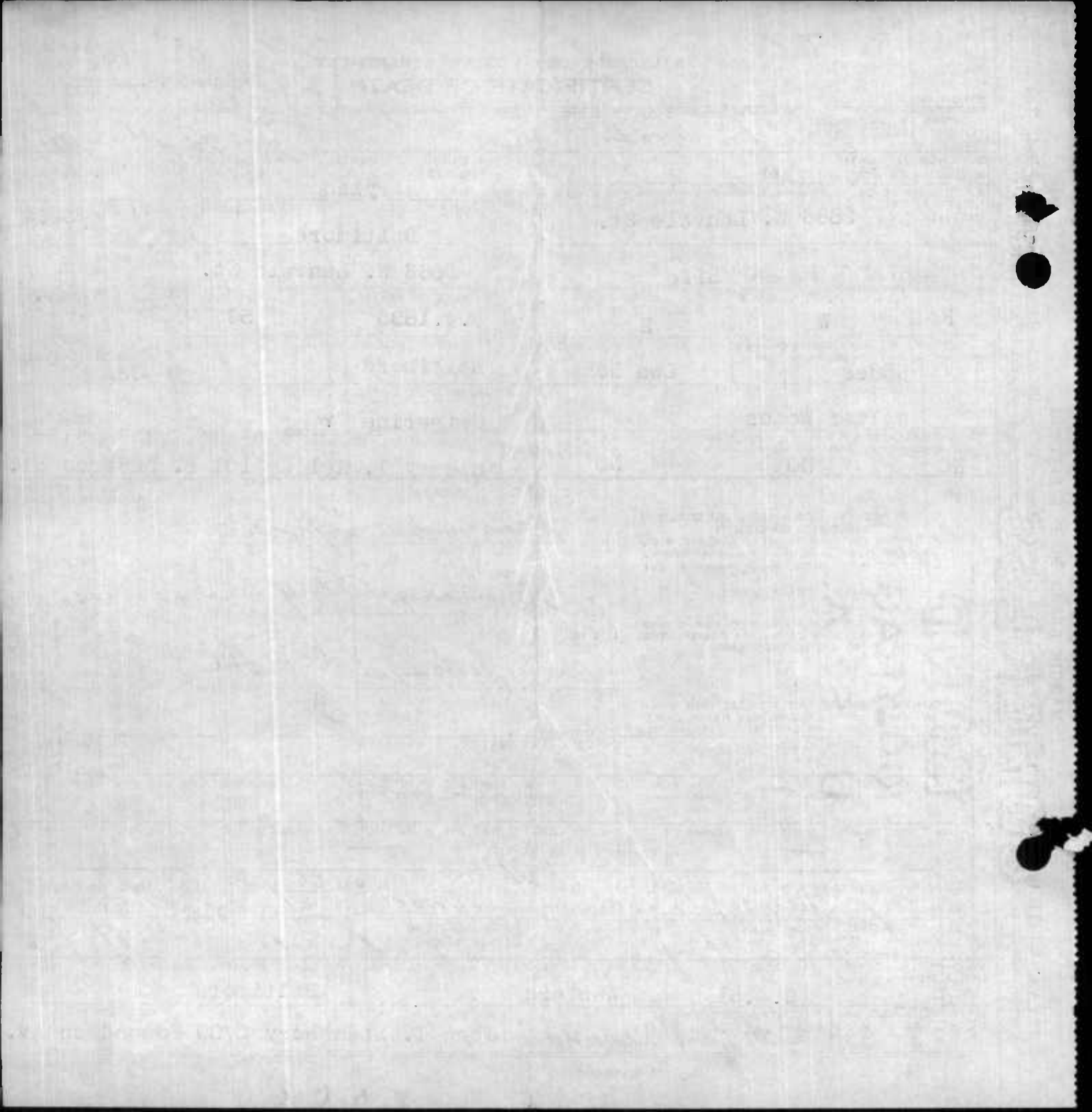
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*SEP 3 - 1951**Huntington Williams, M.D.**John T. Stansbury 2700 Edmondson Av.*



51 7622

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7622  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Kittie Madden Nicholas

2. DATE  
OF  
DEATH

8/31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

2128 Druid Hill Ave. Balto. Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2128 Druid Hill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

14-03

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 25, 1862

9. AGE (In years last birthday)

87

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Ellen Dutton 2128 Druid Hill Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1951, to 8/31, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

B. R. Rutter Sr.

23B. ADDRESS

2135 W. Hill Ave.

23C. DATE SIGNED

8/31-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/4/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 3 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

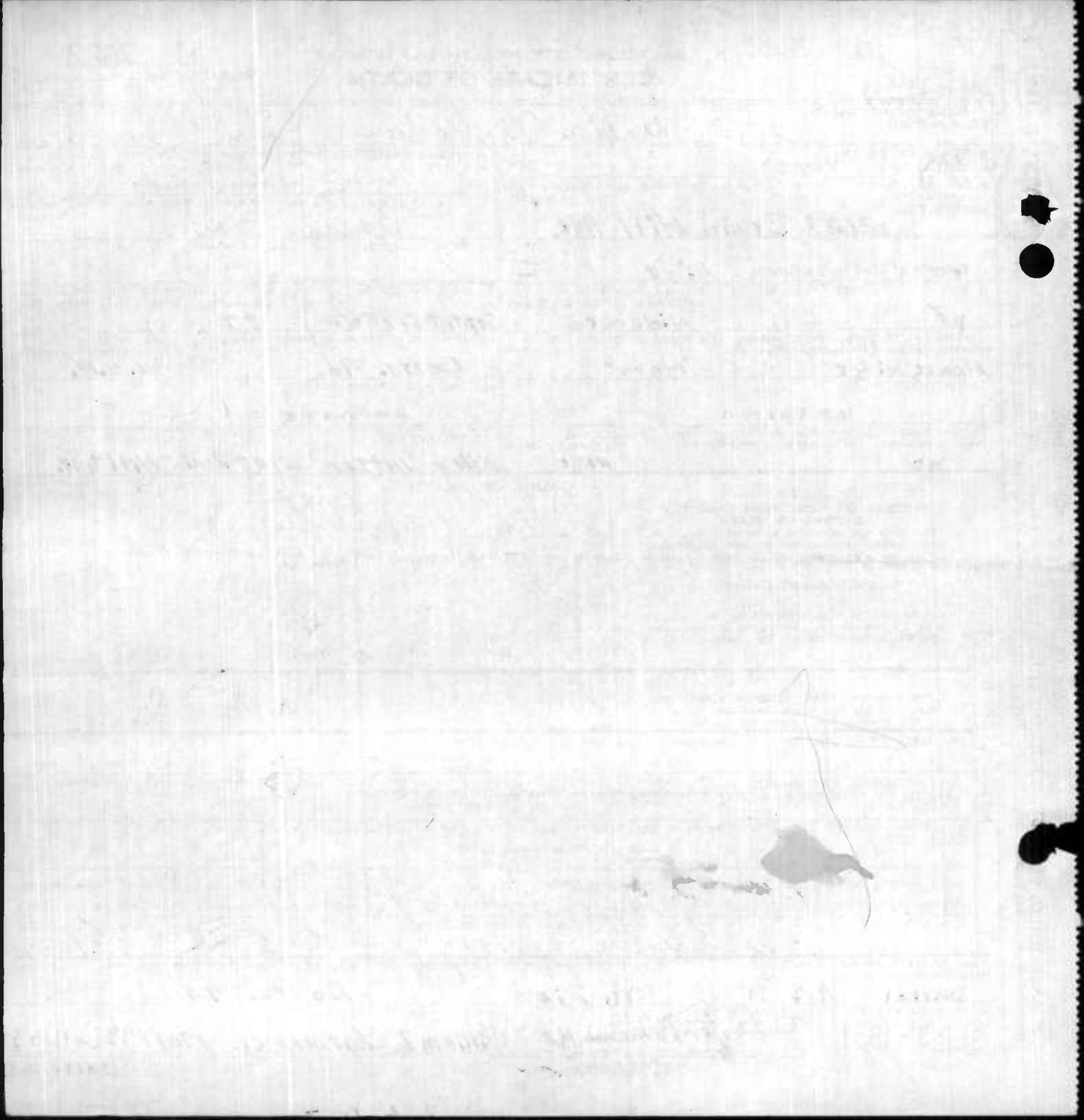
25. FUNERAL DIRECTOR

William I. Chatman Jr.

ADDRESS

1701 M. Cullough St.

Balto, Md.





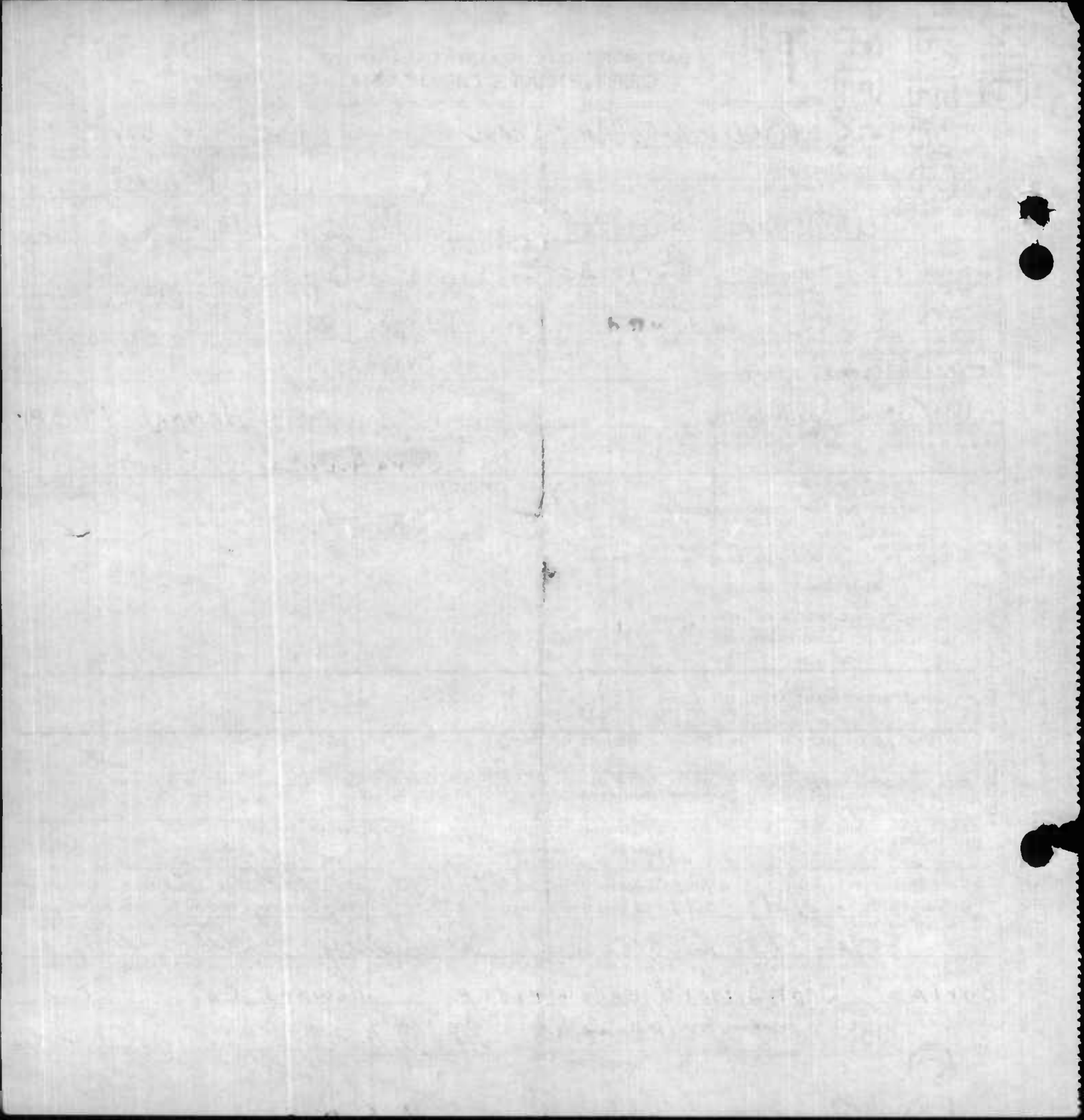
536 51 7623

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7623

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Brunner R. Anderson</i>		2. DATE OF DEATH <i>8/31/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Linthicum Hts.</i>			
C. Length of stay in Baltimore <i>30</i> Days		D. STREET ADDRESS (If rural, give location) <i>310 Hilltop Rd. 5200</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1863 Feb-23</i>	9. AGE (In years last birthday) <i>88</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Attorney at Law</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>William Anderson</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>?</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS <i>Mrs. Cora A. DuLaney Odenton, Md.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Ca of Stomach</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		(C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Semility</i>				<i>?</i>	
19A. DATE OF OPERATION <i>8/21</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/1/51</i> to <i>8/31</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8/31</i> , 19 <i>51</i> , and that death occurred at <i>4-8 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Roger D. Scott, Jr.</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>8/31/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>Sept. 3, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge</i>	
24D. LOCATION (City, town, or county) (State) <i>Howard Co. Md.</i>		24E. FUNERAL DIRECTOR <i>John O. Mitchell Sons</i>		24F. ADDRESS <i>1900 Eutaw Place</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 3 - 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, Jr.</i>			





51 7624

51 7624

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DAVID BERRENBARGER

2. DATE  
OF  
DEATH

12 August 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4-01

D. STREET ADDRESS (If rural, give location)

48 Market Place

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widower

B. DATE OF BIRTH

1888

9. AGE (in years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Clinton

14. MOTHER'S MAIDEN NAME

Eliz. C. Steg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Toxemia

DUE TO

(C) Gangrene left foot - amputated

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/6 1951, to 12 Aug, 1951, that I last saw the deceased alive on 12 Aug, 1951, and that death occurred at 3:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Henry E. Langmuir M.D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

14 Aug 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 21 1951

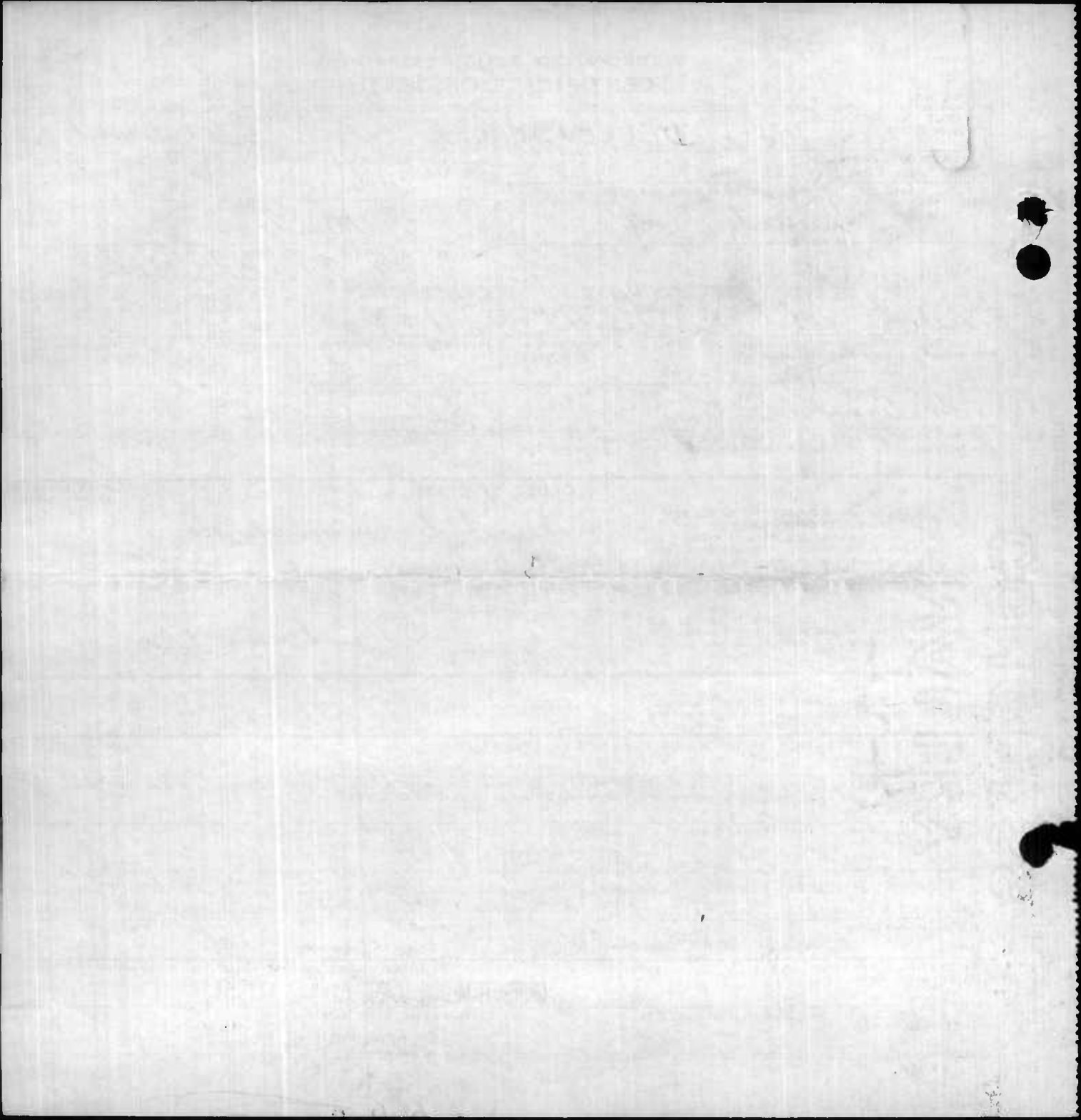
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



THE MARGIN RESERVED FOR BINDING  
PLEASE WRITE IN UNFADING INK. Every item of information should be correctly supplied. The correct age is becoming important. Physicians: please write the causes of death clearly and legibly.

5-363 51 7625

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

NMEC

Registered No. 51 7625

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <i>Hal E. Stewart</i>		2. DATE OF DEATH <i>8/15-51</i>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>1923 Eutaw Place</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>md</i> D. STREET ADDRESS (If rural, give location) <i>14-01</i>
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1923 Eutaw Place</i>		
c. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.
17. INFORMANT		ADDRESS
18. <i>DOX</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Tuberculosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>July 1</i> to <i>Aug. 15, 1951</i> that I last saw the deceased alive on <i>Aug. 4, 1951</i> and that death occurred at <i>1051</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>R. Johnson</i>		23B. ADDRESS <i>403 Med Art</i>
23C. DATE SIGNED <i>8/15-51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county)		(State)
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR <i>Commissioner of Health</i>		ADDRESS



51 7626

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7626  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAKE THOMAS

2. DATE  
OF  
DEATH

8/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTO.

18-02

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1047 W. Lexington St.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-3-03

9. AGE (In years,  
last birthday)

48

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Flag stone

11. BIRTHPLACE (State or foreign country)

N Carolina

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Thomas

14. MOTHER'S MAIDEN NAME

Rachel ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

332X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Congestive Failure

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

2 days

1 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25/51, 19\_\_, to 8/27/51, 19\_\_, that I last saw the  
deceased alive on 8/27, 1951, and that death occurred at 3:00 m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Kramer

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

8/27/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL AUG 28 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

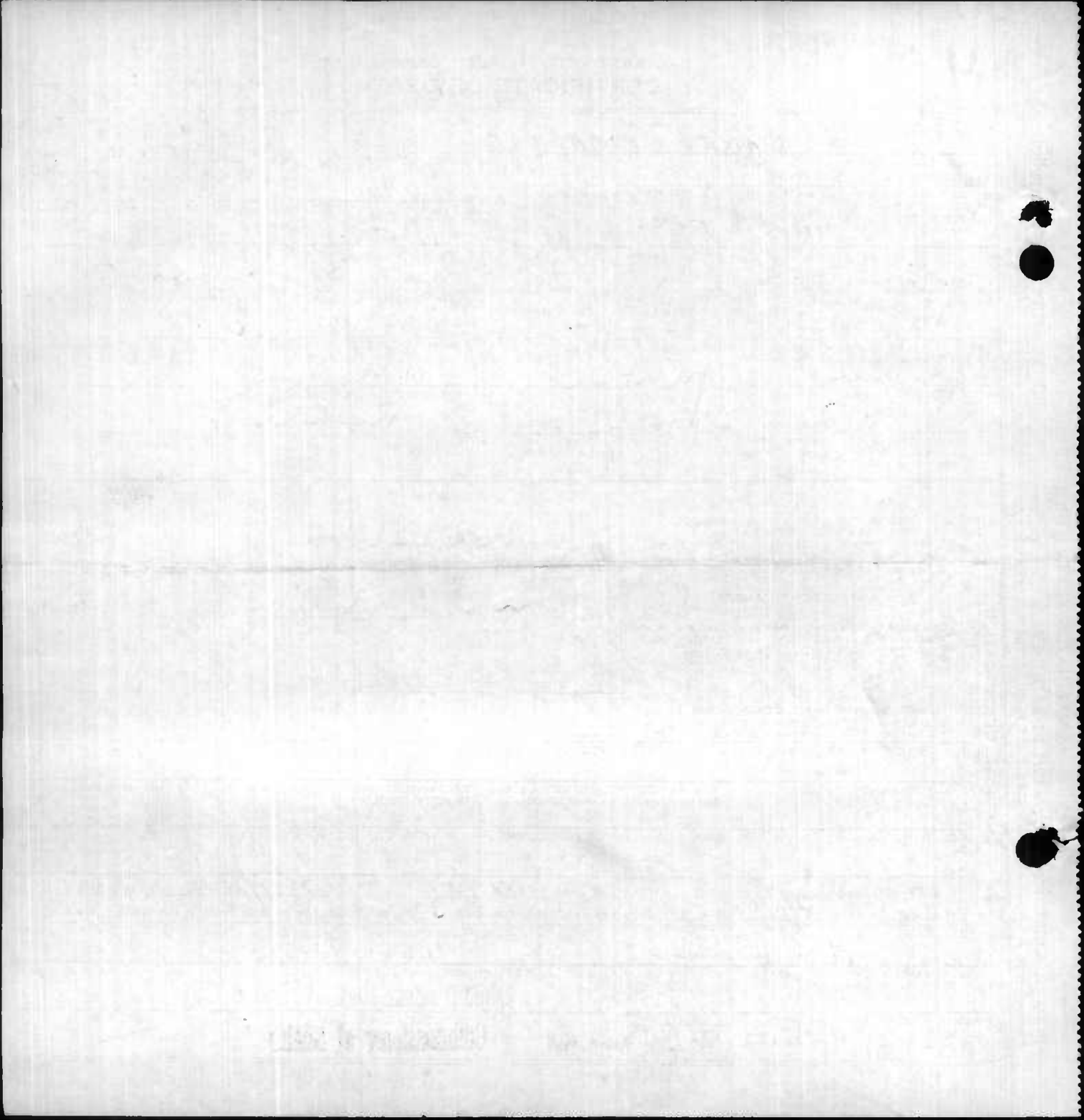
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS





51 7627

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7627

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Doris E. Pomier

2. DATE  
OF  
DEATH

SEP 1 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Dept 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-07

D. STREET ADDRESS (If rural, give location)

3841 Falls Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Smith

14. MOTHER'S MAIDEN NAME

Pearl Burk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

220-22-7149

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

201X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Hodgkins Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from 8-11-1951 to 9-1-1951, that I last saw the  
deceased alive on 9-1-1951, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. S. Wing Jr

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-1-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/4/51

St Marys

Hampden

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3 - 1951

Paul C. Chensworth 3615-17 Chestnut Ave

VS 150

44 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12-1-51

1000

of 1000.00

51 7628

51 7628

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51. 18693

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Barney

2. DATE  
OF  
DEATH

Aug 14 '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Md. 25-3

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3101 Cherryland Rd

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 14 '51

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WARREN Barney

14. MOTHER'S MAIDEN NAME

Christine Lillie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mother - 3101 Cherryland Rd

18.

773.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) CARDIAC FAILURE

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1951, to Aug 14, 1951, that I last saw the  
deceased alive on Aug 14, 1951, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Mary E. Matthei

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Aug 14, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL AUG 28 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

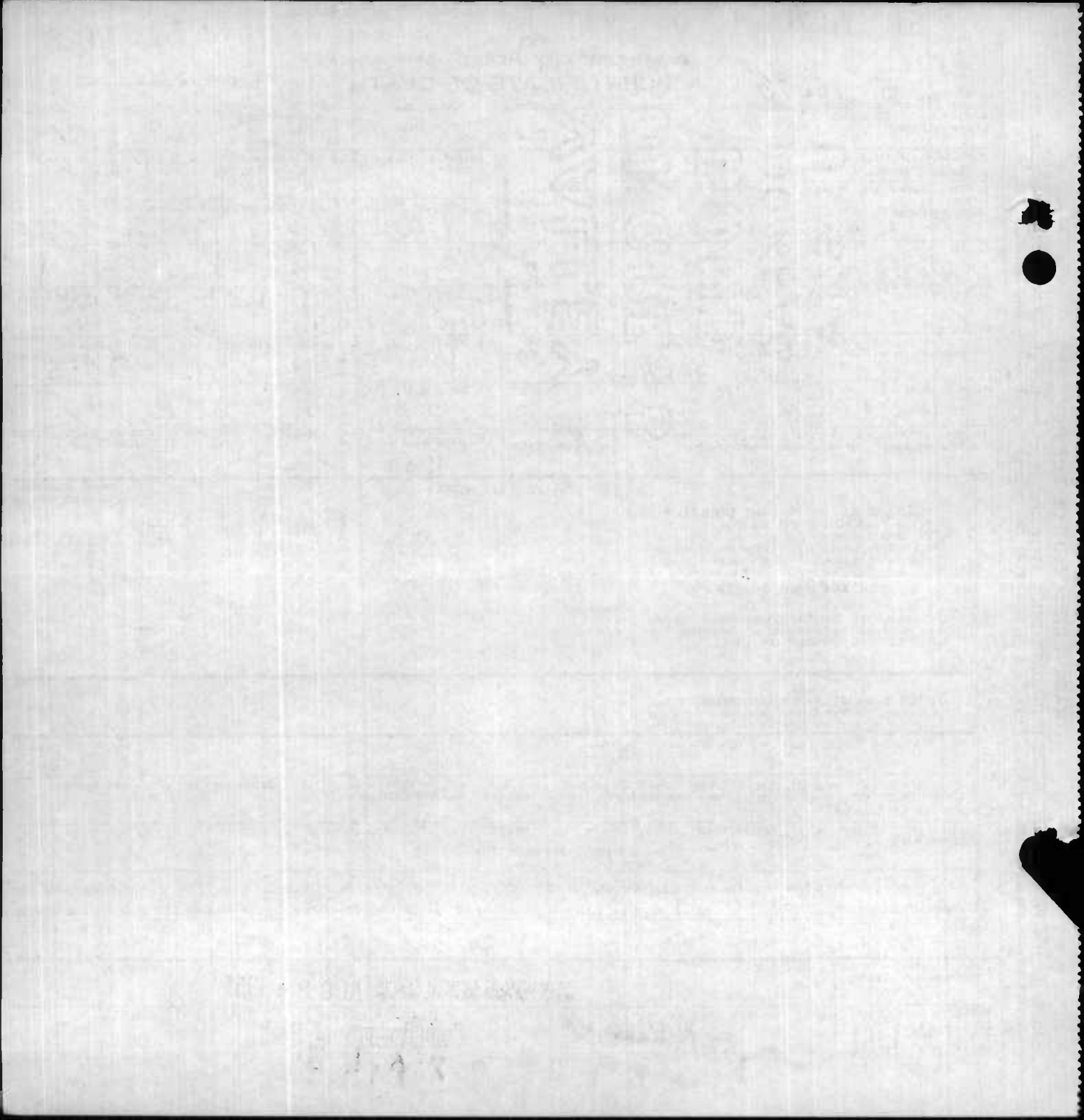
ADDRESS

VS 150

158

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is important. Physicians: please write the causes of death clearly and legibly.



M-400 51 7629

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7629

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Clara O. Tillia Muly

2. DATE  
OF  
DEATH

Aug 30, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

21703 Hampden

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Piney Ridge Nursing

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

3821 Echodale Ave

c. Length of stay in Baltimore

rs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

April 17, 1895

9. AGE (in years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Emil Klotz

14. MOTHER'S MAIDEN NAME

Elsie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Katherine Hallenbach Echodale

18.

331X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) Arterio Sclerosis

DUE TO

year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage

DUE TO

2 hrs

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1957, to 8/30/57, that I last saw the  
deceased alive on 8/30, 1957, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Kelley

23B. ADDRESS

5703 Federal Rd

23C. DATE SIGNED

8/31/57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept 3, 1957

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cen

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. Williams

25. FUNERAL DIRECTOR

ADDRESS

Ulrich Funeral Home 2000 Calumet

VS 150

51 7629

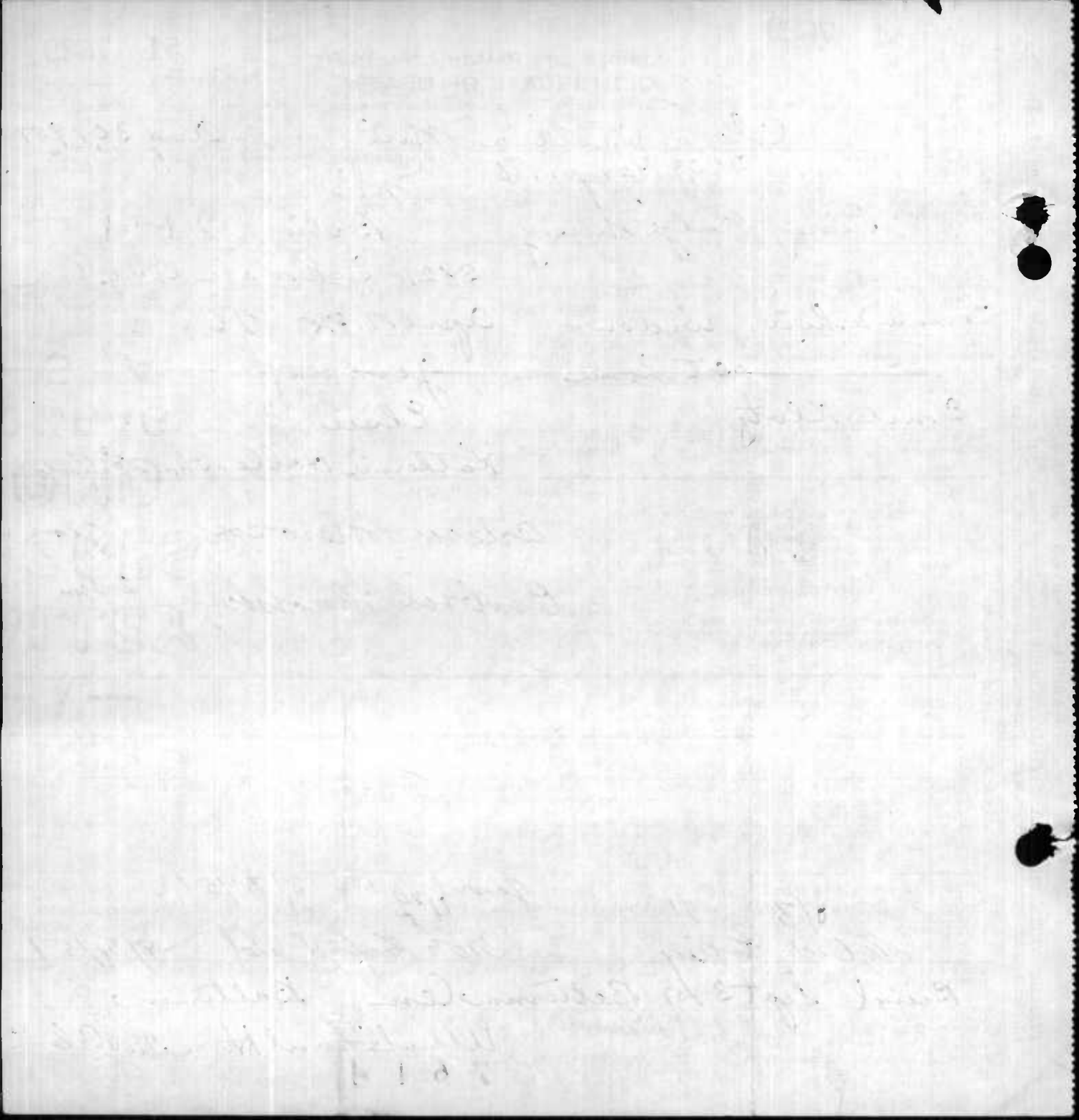
83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





C-663

51 7630

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7630

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Chirardello, Anthony

2. DATE  
OF  
DEATH

9/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

42

Sinai Hosp

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD

Baltimore

C. CITY OR TOWN

Bundalk

(If outside corporate limits, write RURAL and give township)

5200

D. STREET ADDRESS (If rural, give location)

253 Baltimore Ave

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/16/69

9. AGE (In years  
last birthday)

82

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

BETH STEEL CO

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 36

ANTONETTE RICCIOTELLI

YORKWAY

1B.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Vascular Acc.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ASKEVID

DUE TO

(C) Myocardial infarct

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1951, to 9/1, 1951, that I last saw the  
deceased alive on 9/1, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Solomon Cohen

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/5/51

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

COLGATE MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Cunnington Williams, M.D.

25. FUNERAL DIRECTOR

Walter J. Farrell Home

ADDRESS 2112

Bundalk

SEP 3 - 1951

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Canadian Pacific

1891

Report of the  
General Manager

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>John J MERTENS</b>		2. DATE OF DEATH <b>Sept. 1, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <b>Ind</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>Colonial Nursing Home</b> <b>4506 Sorento Rd</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 9-06</b>	
c. Length of stay in Baltimore <b>68</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1700 E 30th St</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec 18, 1867</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>City of Balto.</b>	9. AGE (In years, last birthday) <b>83</b>
11. BIRTH PLACE (State or foreign country) <b>Charleston S.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Joseph Mertens</b>		14. MOTHER'S MAIDEN NAME <b>Wilhelmina Roenig</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mrs. W. W. Wanner</b>		ADDRESS <b>Same</b>	

18. <b>4 yr. 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE</b> DUE TO <b>SENILITY</b> (B) _____ DUE TO _____ (C) <b>VENTRAL HERNIA</b> <b>ANEMIA</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/11, 1951</b> , to <b>8/11, 1951</b> that I last saw the deceased alive on <b>8/31, 1951</b> and that death occurred at <b>8 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John W. Shaw</b>		23B. ADDRESS <b>701 Chasman Ave</b>		23C. DATE SIGNED <b>9/2/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 4, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
24D. LOCATION (City, town, or county) <b>Balto., Ind</b>		24E. LOCATION (State) _____		24F. LOCATION (City, town, or county) <b>4905 York Rd</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 3 - 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams</b>		25. FUNERAL DIRECTOR <b>Wm. Williams</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51

7632

51

7632

J<sub>1</sub>- 119317BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mabel Tracey

2. DATE  
OF  
DEATH

8-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

No Home - B. C. Hosp. Infirmary

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Oct. 20, 1886

9. AGE (in years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Jefferson Maslin

14. MOTHER'S MAIDEN NAME

Laura Williamson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

Pulmonary Tuberculosis

(A)

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

6 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Anemia

Diabetes Mellitus

1 yr.

3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-48, 19, to Aug. 31, 1951 that I last saw the deceased alive on Aug. 31, 1951, and that death occurred at 2.50 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. D. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-1-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 5-51

24C. NAME OF CEMETERY OR CREMATORY

Wesley

24D. LOCATION (City, town, or county)

Frederick Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

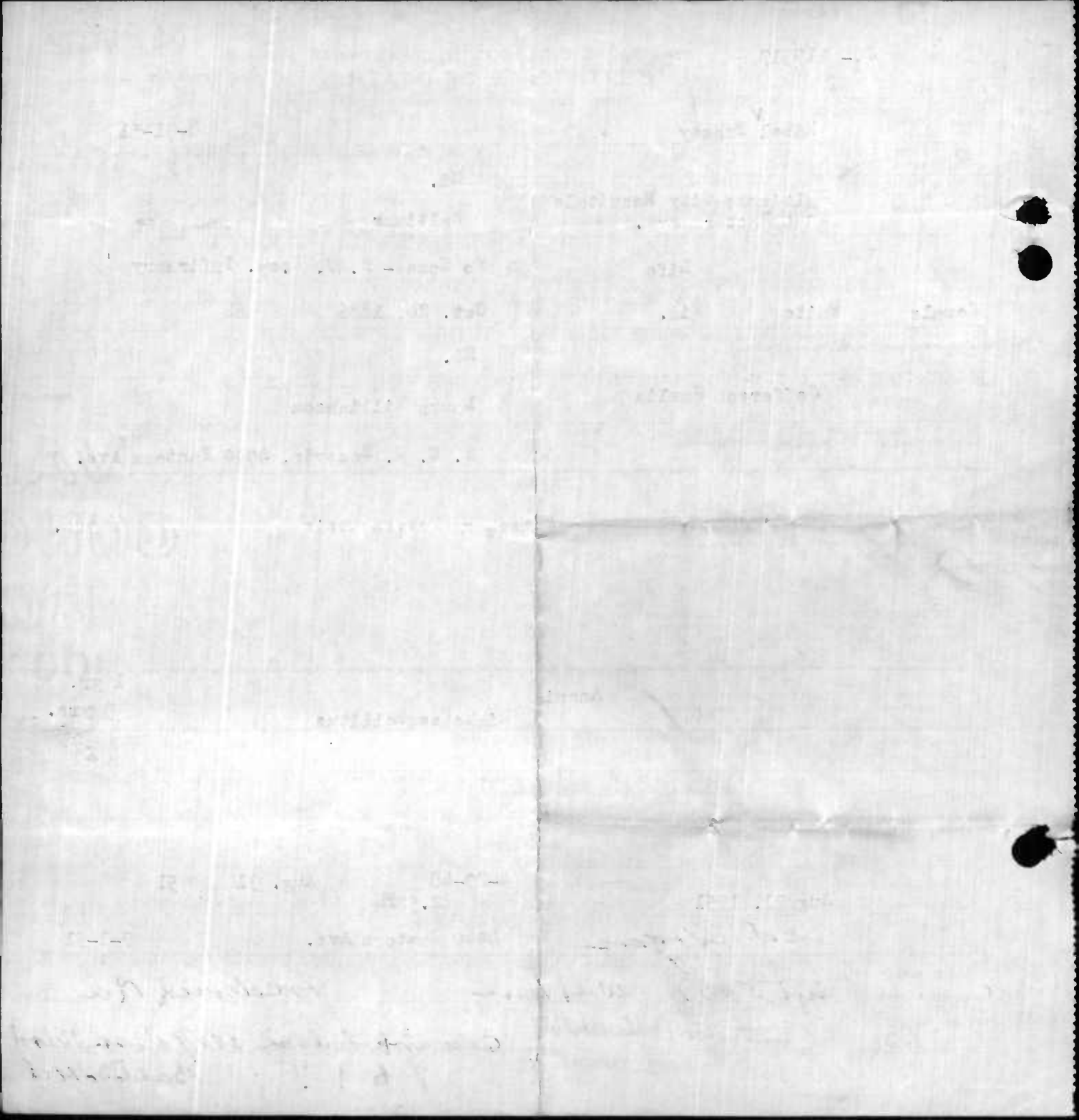
E. J. Williams

25. FUNERAL DIRECTOR

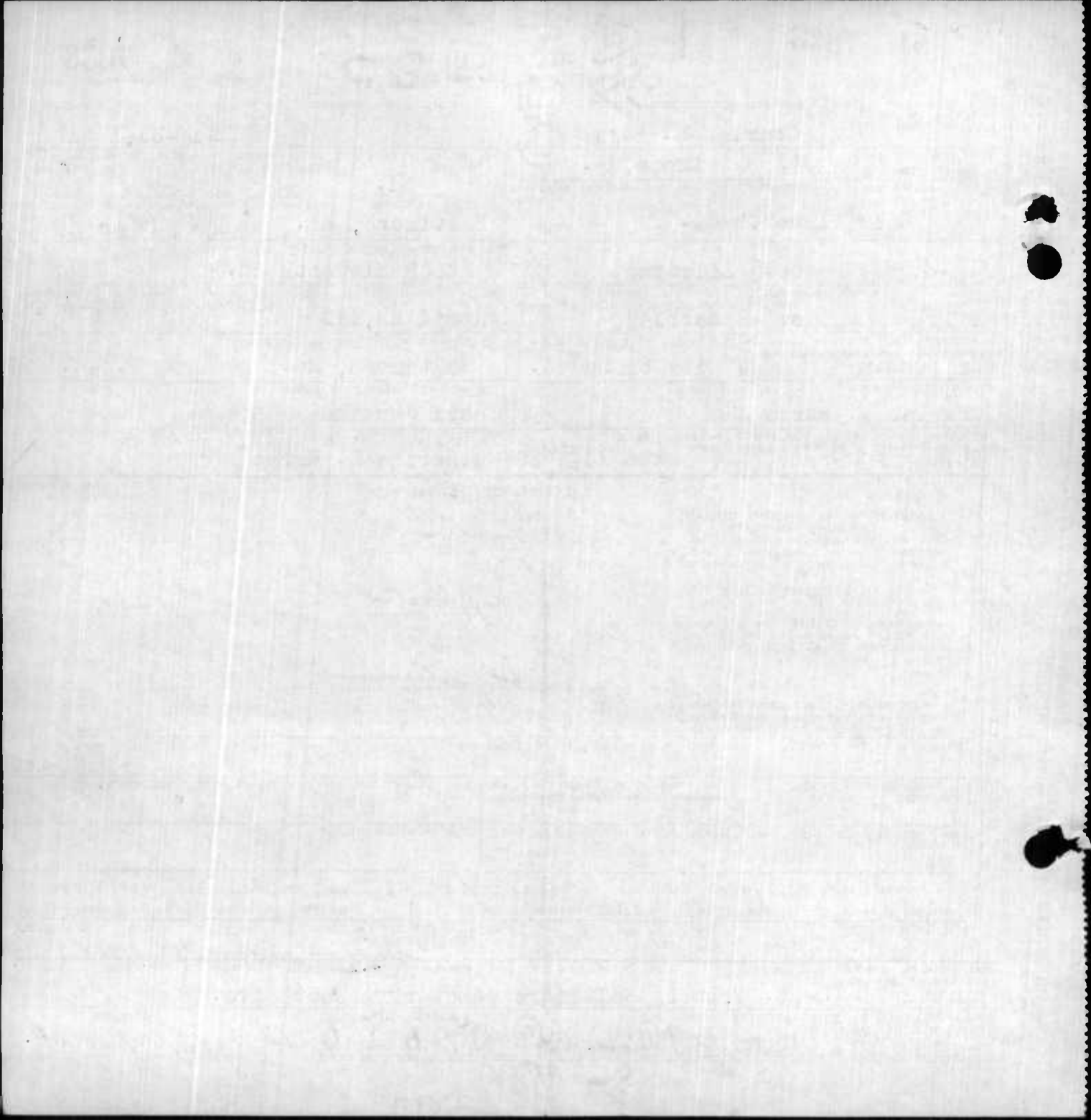
ADDRESS

Edward Toulson 2359 Wash Blvd









51 7634

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7634

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>ANNA SMITH.</b>		2. DATE OF DEATH <b>SEPTEMBER 2 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland BALTIMORE CITY.</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>BALTIMORE CITY MARYLAND</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR <b>HARFORD CONVALESCENCE HOME</b> 4702 Harford Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE CITY. 27-01</b>			
c. Length of stay in Baltimore <b>2 Years</b>		D. STREET ADDRESS (If rural, give location) <b>4702 HARFORD AVE.</b>			
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 17.</b>	9. AGE (In years last birthday) <b>78</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Virginia</b>	
13. FATHER'S NAME <b>William Baer</b>		14. MOTHER'S MAIDEN NAME <b>Leverna Robey</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or oooowoo) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT ADDRESS <b>Mrs. Frances Eliff 1105 Regester Ave</b>	
18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CHRONIC MYOCARDITIS AUGUST 10 1951</b>		TOWSON INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>ARTERIOR SCLEROSIS. 1951</b>		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		<b>CHRONIC ARTHRITIS DEFORMANS. 1950</b>			
19A. DATE OF OPERATION <b>NONE</b>		19B. MAJOR FINDINGS OF OPERATION <b>NONE</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>AUGUST 10, 1951</b> , to <b>SEPTEMBER 2, 1951</b> , that I last saw the deceased alive on <b>SEPT 27, 1951</b> , and that death occurred at <b>9.15 A.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles J. [Signature]</i>		23B. ADDRESS <b>3013 ST PAUL STREET.</b>		23C. DATE SIGNED <b>SEPT 2 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/5/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>	
24D. LOCATION (City, town, or county) <b>Hagerstown, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <i>Walter J. [Signature]</i>			
DATE RECEIVED BY LOCAL REGISTRAR <b>P 3-1951</b>		REGISTRAR'S SIGNATURE <i>Walter J. [Signature]</i>			

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UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE

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F-540

51 7635

X

51 7635

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-19179

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Finley

2. DATE  
OF  
DEATH

8-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md. NEWBORN. BALTO 5300

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

PARK LAKE MIDDLE RIVER

D. STREET ADDRESS (If rural, give location)

35-KEVIA LANE-20

c. Length of stay in Baltimore

8 hours

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

8-16-51

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

8

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

George Finley

14. MOTHER'S MAIDEN NAME

Elizabeth Gunther

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

as above

18.

76215 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hypertension Neonatorum

INTERVAL BETWEEN  
ONSET AND DEATH

8 hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Prematurity

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16, 1951, to 8-16, 1951, that I last saw the  
deceased alive on 8-16, 1951, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald H. MacPherson M.D.

23B. ADDRESS

Maryland Gen Hosp.

23C. DATE SIGNED

8-17-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 21 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 3-1951

Lester Williams, M.D.

Commissioner of Health



STANDARD FORM NO. 64

RECEIVED

1964

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON, D.C. 20540

51 7636

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7636

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank Barney

2. DATE  
OF  
DEATH

9-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 20-07

D. STREET ADDRESS (If rural, give location)

2 N. Hilton st.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

9. AGE (In years  
last birthday)

45

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank Barney

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

705-07-9339

17. INFORMANT

Hospital Records

ADDRESS

1B.

581.0 I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Asystolia + Cerebral Anoxia

INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Esophageal Varices

3 years.

(C) DUE TO

Arteriosclerosis of L.A.

5 years.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumothorax, left

24 hrs.

19A. DATE OF OPERATION

8-30-51

19B. MAJOR FINDINGS OF OPERATION

Marked esophageal varices

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29/51, 1951, to 9-1, 1951, that I last saw the  
deceased alive on 9-1, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stephen R. Paduano

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

9-1-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-4-51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 3 - 1951

REGISTRAR'S SIGNATURE

T. Williams, M.D.

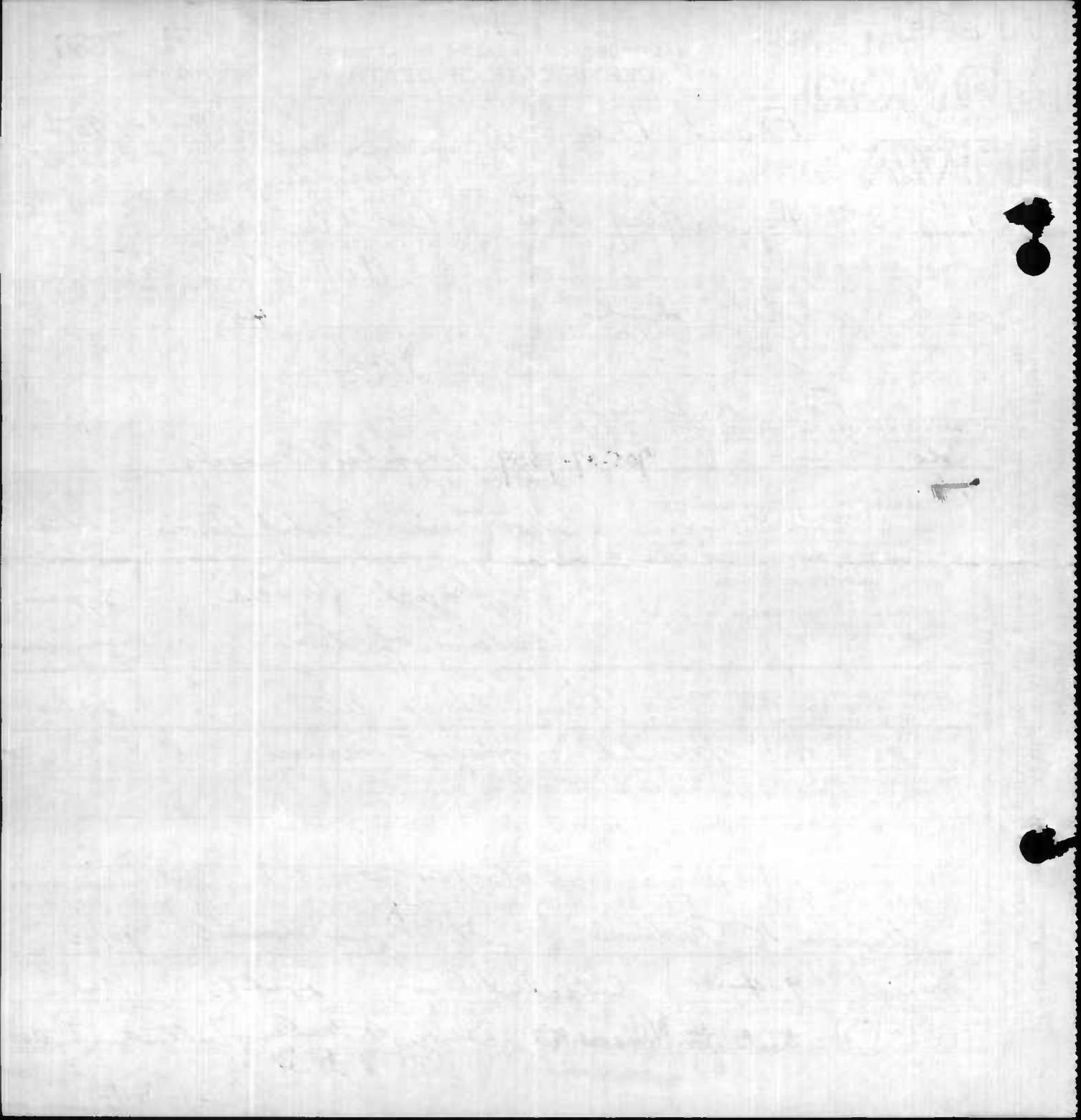
25. FUNERAL DIRECTOR

George A. Fuley, Funeral Home, Inc.

ADDRESS

VS 150

124 B



51 7637

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7637

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY Dorothy SELBY

2. DATE  
OF  
DEATH

September 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

20-08

D. STREET ADDRESS (If rural, give location)

130 South Augusta Avenue

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Feb. 22, 1976

9. AGE (in years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Sabicki

14. MOTHER'S MAIDEN NAME

Mary M. Engelhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. M. S. Wilson 130 S. Augusta Ave

18. E970.2

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

130 South Augusta Avenue

21D. TIME (Month) (Day) (Year) (Hour)

about: Sept. 2, 1951 ? m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of barbiturate

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunleavy, M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9/3/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-6-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 - 1951

Huntington Williams, M.D.

Geo. L. Schwan 2101 Frederick Ave.

V S 151

N-9710

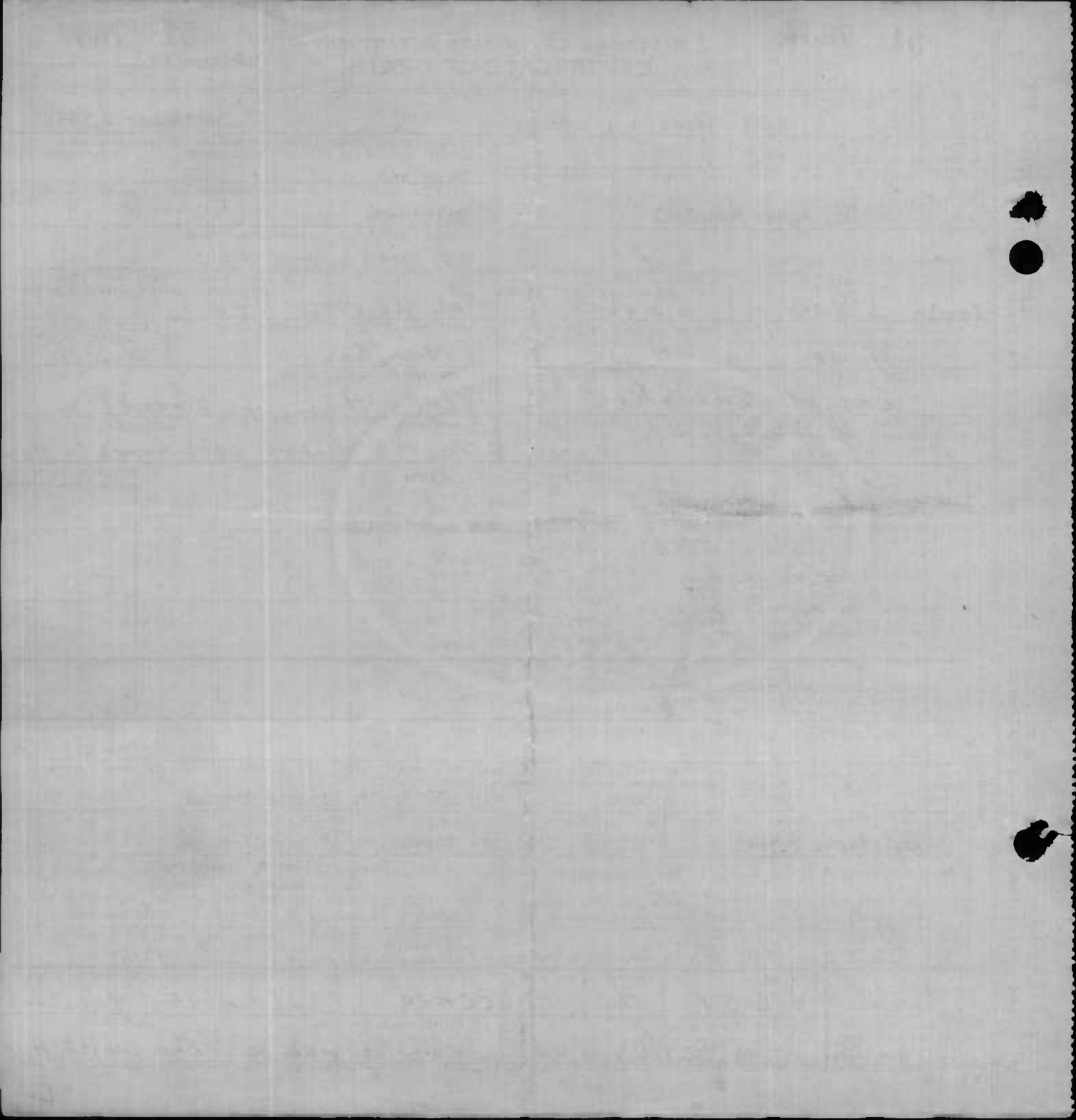
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51

7638

# CERTIFICATE CORRECTED 9/5/51

## BALTIMORE CITY HEALTH DEPARTMENT

51

7638

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANGELA

PACHI

2. DATE  
OF  
DEATH

September 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Church Home and Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

West Virginia

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Morgantown

D. STREET ADDRESS (If rural, give location)

315 Sprouse Street

c. Length of stay in Baltimore

2

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-29-1890

9. AGE (in years  
last birthday)

61

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

(Vincent Argro)

14. MOTHER'S MAIDEN NAME

Teresa (Lambert) Lamberto

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Calogero Pachi 19 N. Streepor St.

18. 2520 and Egor 7 CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho-pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hemolytic jaundice

DUE TO

transfusion reaction(C) Fracture of left femurINTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/28/51

19B. MAJOR FINDINGS OF OPERATION

Diffuse toxic infection

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Church Home and Hospital

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Aug. 30, 1951

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell out of bed to floor

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Decker

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

9/3/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-6-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 - 1951

Wilmington Williams, Jr.John D. Moran

3000 E. Baltimore St.

V S 151

N-820.0

✓ 6212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



Addition information from Dr. Woodward, Church Home  
by phone 9/5/51 ES

51 7639

51 7639

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

John Puszaitis

2. DATE

OF  
DEATH

8-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2320 James St

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

NONE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

2320 James St.

c. Length of stay in Baltimore

39yrs.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

JAN 6 1895

9. AGE (In years  
last birthday)

56

10 Under 1 Year  
Months: Days

7 24

11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR  
INDUSTRY

Tailor Shop

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

212-10-5602

17. INFORMANT

2320

Mrs. Amelia Puszaitis James St.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) \_\_\_\_\_  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) \_\_\_\_\_

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ND ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. M. Kieffer

23B. ADDRESS

1010 Leeds an

23C. DATE SIGNED

Sept 3 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 4, 1951 Holy Redeemer Cemetery Belair Rd.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Chas. J. Kachauskas 703 McHenry St

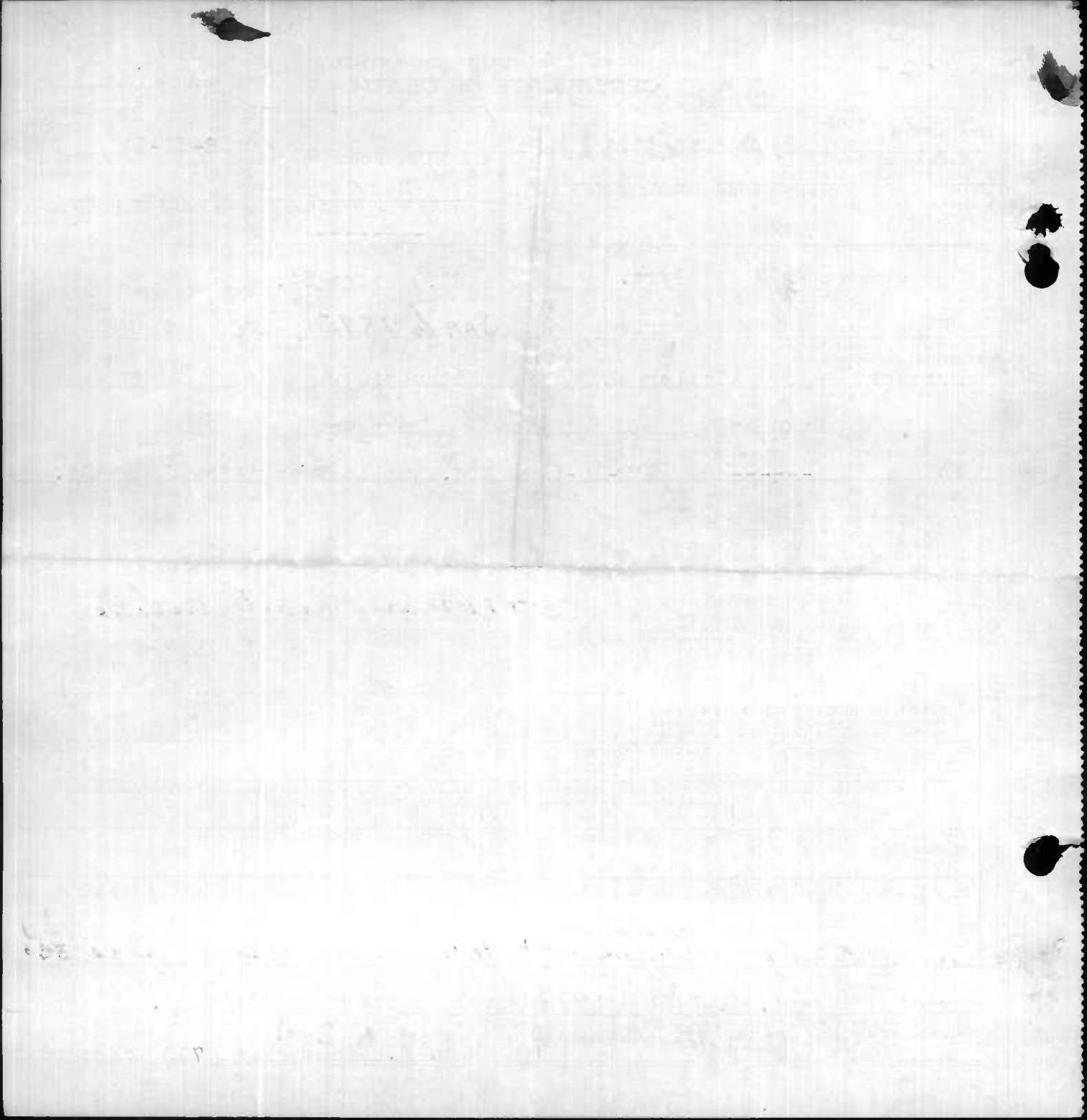
SEP 4 - 1951

64380

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7640

51 7640

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Delia

Whalen

2. DATE  
OF  
DEATHSeptember 1  
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Pinecrest Sanatorium

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

612 F. St; Sparrow's Point Md.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-4-1863

9. AGE (in years;  
last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Micheal Ryan

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John J. Whalen 3616 Oakmont Ave.

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Bronchopneumonia

48 hrs

DUE TO

ANTECEDENT CAUSES

(B)

Senility

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Generalized Arteriosclerosis  
Arteriosclerotic Heart Disease

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 29, 1951, to September 1, 1951, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 OLD FREDERICK ROAD

23C. DATE SIGNED

Sept 2, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-4-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St.

SEP 4 - 1951

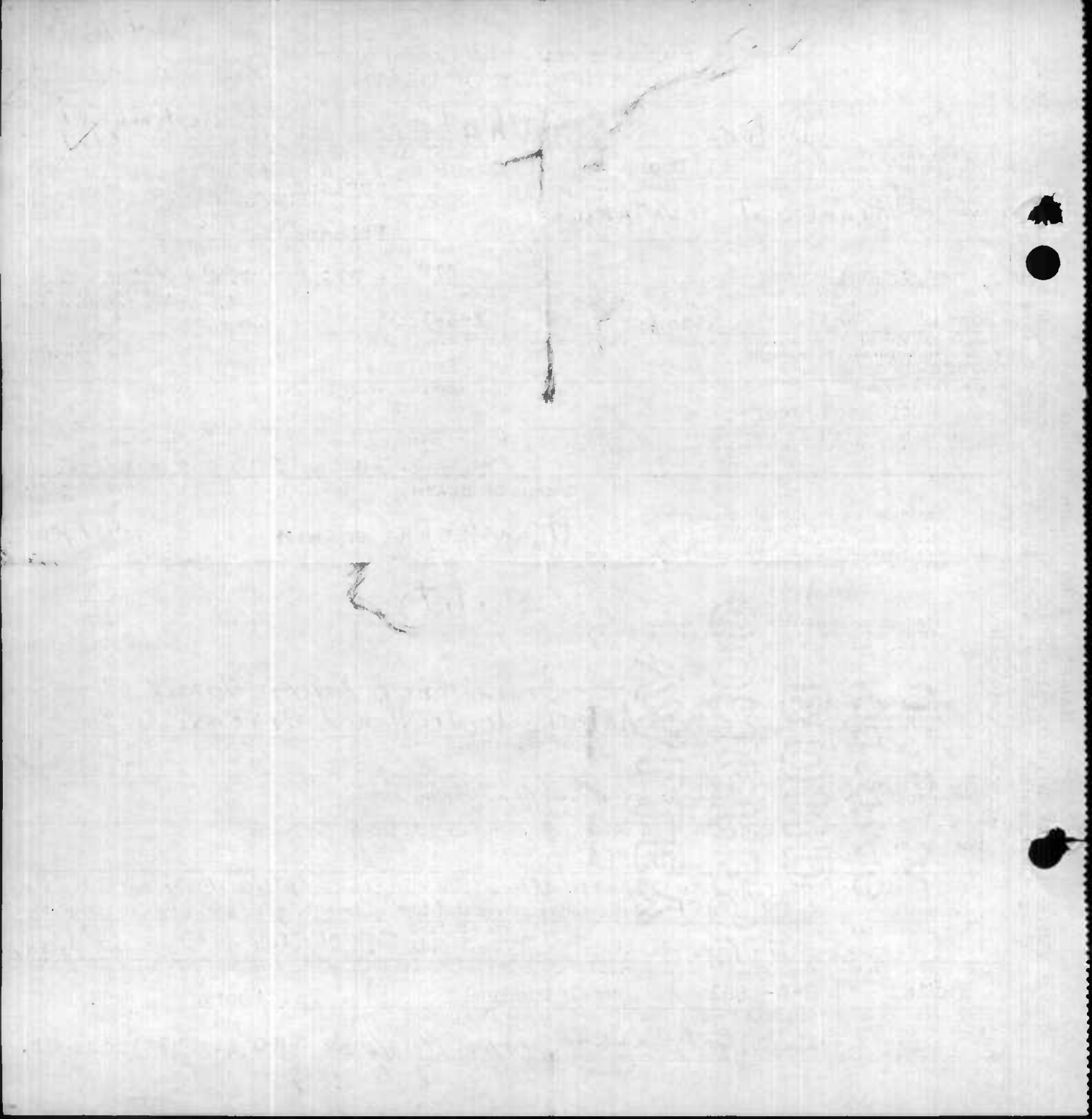
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937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



FOR APPROVAL BY MED. EXAM.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7641  
426

51 7641

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ida Dilchrist

2. DATE  
OF  
DEATH

9/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1932 Parksley Ave

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

12/11/1871

9. AGE (In years  
last birthday)

79

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John H. Burgess

14. MOTHER'S MAIDEN NAME

Salie Madison

15. WAS DECEASED EVER IN U. S. ARMED FORCES  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs Irene M. Mauer

18. ADDRESS

1932 Parksley

18. 420 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) ARTERIO SCLEROTIC CARDIO -

DUE TO VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CORONARY OCCLUSION

DUE TO D.O.A.

CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER,

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Shaw

23B. ADDRESS

701 Charles Corner

23C. DATE SIGNED

9/4/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/4/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Conner &amp; Son

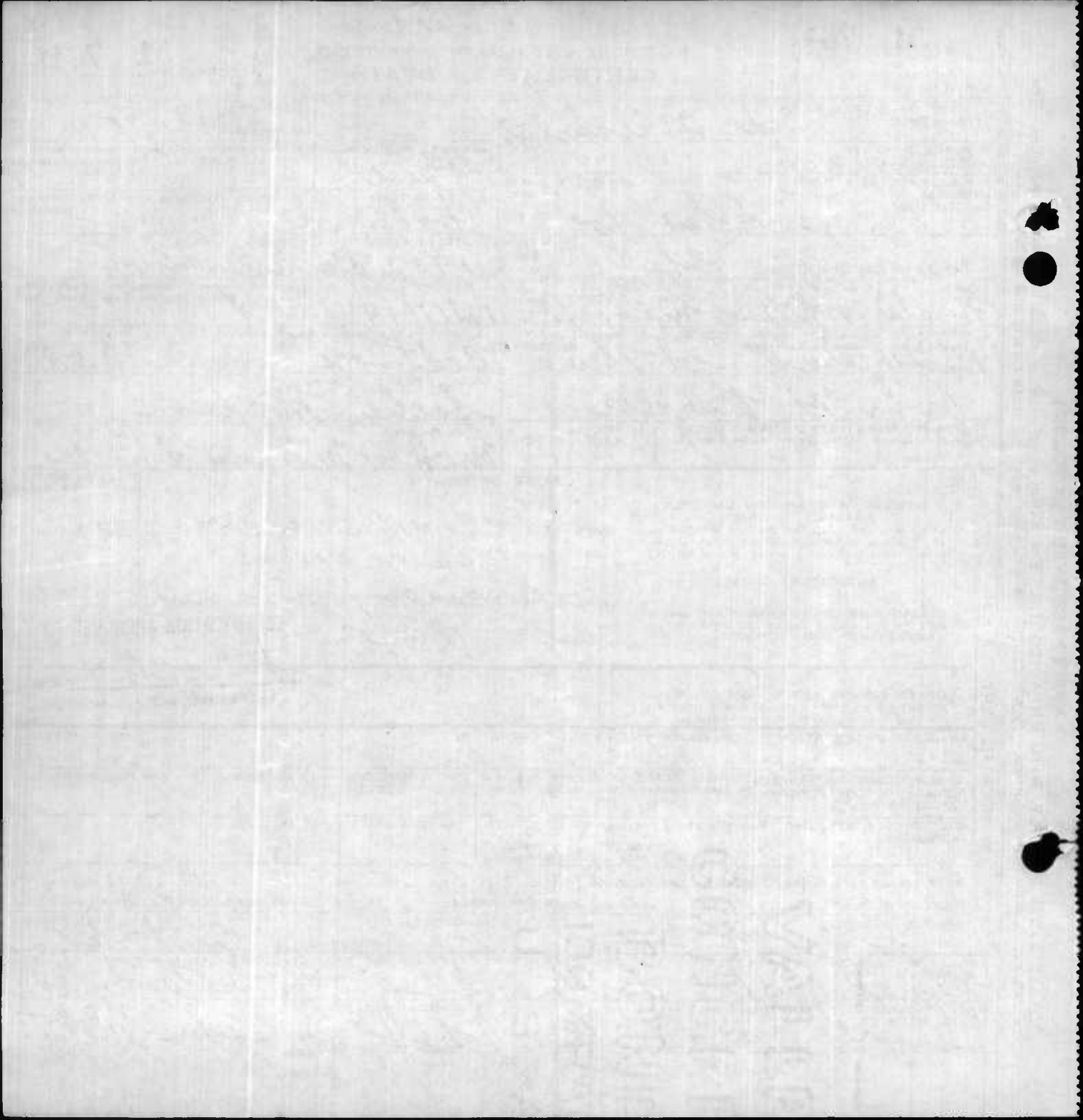
ADDRESS

30 p. St.

VS 150

937





51 7642

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7642  
Registered No. 105740

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		GEORGE STEINFORT		9-3-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION U.S.P.H.S., HOSP., BALTO., MD.		A. STATE M.D. B. COUNTY NONE			
C. Length of stay in Baltimore 58 Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 21-01			
5. SEX M		6. COLOR OR RACE W		8. DATE OF BIRTH 5/9/93	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (in years last birthday) 58		H Under 1 Year Months: Days H Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHECKER FREIGHT TRAM SAUSAGE INDUSTRY		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME John Steinfort		14. MOTHER'S MAIDEN NAME Mary Downey		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service World War I		16. SOCIAL SECURITY NO. 212-10-7082		17. INFORMANT SELF ADDRESS SAME	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 181X I Transitional cell carcinoma of bladder with local extension		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) of bladder with local extension		Unknown	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Pyelonephrosis with pyelonephritis, bilateral		UNKNOWN	
19A. DATE OF OPERATION 5-15-51		19B. MAJOR FINDINGS OF OPERATION PAPILLARY CARCINOMA OF BLADDER		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-3-51, 19 to 9-3-1951, that I last saw the deceased alive on 9-3-1951, and that death occurred at 4:25 pm, from the causes and on the date stated above.					
23A. SIGNATURE Jack Horvick		23B. ADDRESS U.S.P.H.S. Hosp., Balto., Md.		23C. DATE SIGNED 9-3-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE SEPT-7-51		24C. NAME OF CEMETERY OR CREMATORY BALTO NATIONAL CEM	
24D. LOCATION (City, town, or county) (State) BALTO MD		24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 4 - 1951		24F. REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
24G. FUNERAL DIRECTOR Bernard G. Heile		24H. ADDRESS 121 E West St			

*[Illegible handwritten text]*

56-31-2

54-27345-12 44-37861-11A-12-1-70

1900

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7643

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY MAZEIKA

2. DATE  
OF  
DEATH

August 31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

603 Washington

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

603 Washington Blvd

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Not know about 75

9. AGE (In years  
last birthday)

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF  
WHAT COUNTRY?

-

13. FATHER'S NAME

Not know

14. MOTHER'S MAIDEN NAME

Not know

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

1 day

2 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10-46, 19, to 8-31, 51, that I last saw the  
deceased alive on 8/31, 1951, and that death occurred at 8:24 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Lantieri

M. O.

23B. ADDRESS

675 Washington Blvd

23C. DATE SIGNED

9/1/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept. 4-51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem. Old Frederick Road

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

J.A. Grebliauskas

ADDRESS

1905 E.

SEP 4 - 1951  
VS 150

1951 10 00 7620 937 Pratt H





51 7644

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7644

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MICHAEL J. PARKER, SR.

2. DATE  
OF  
DEATH

Sept 1, 1955

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 2-01

D. STREET ADDRESS (If rural, give location)

2046 Bank St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1887

9. AGE (In years  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Groat Worker

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown Parker

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Parker 2046 Bank St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Prob. Acute Myocardial  
Infarction

(C)

CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Stanley H. Dunsen  
M. D.  
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DOA, 1955, to 1955, that I last saw the  
deceased alive on 1955, and that death occurred at 12 Noon from the causes and on the date stated above.

23A. SIGNATURE

Leonard Kotz

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

9/2/55

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/4/55

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Dorsey Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc 1217 St. Paul St

VS 150

6904707629

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



20. 23. 1947

51 7645

51 7645

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

DAVID S. FOWLER

2. DATE  
OF  
DEATH

Sept. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2353 Druid Hill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

13-03

D. STREET ADDRESS (If rural, give location)

2353 Druid Hill Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Widower

8. DATE OF BIRTH

May 30, 1880

9. AGE (In years  
last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter, retired

10B. KIND OF BUSINESS OR

INDUSTRY  
House building

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Louis Fowler

14. MOTHER'S MAIDEN NAME

Annie R. Blizzard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

Spanish

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Frances Scardina, 3137 Ravenswood Ave.

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma Stomach

INTERVAL BETWEEN  
ONSET AND DEATH

Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Generalized  
Carcinomatosis from A.

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1951, to Sept 1, 1951, that I last saw the  
deceased alive on Sept 1, 1951, and that death occurred at 4A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Mendel

M. D.

23B. ADDRESS

651 N. Bentallou

23C. DATE SIGNED

9/1/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/4/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. Mendel

25. FUNERAL DIRECTOR

ADDRESS

1211 St Paul St

VS 150

51024

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILHELM  
CONGRESS  
SECOND  
100% RAC

530

51 7646

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7646

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Russell R. Damuth

2. DATE  
OF  
DEATH

9-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

529 Rosehill Terrace

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

529 Rosehill Terrace

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-8-1885

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Damuth

14. MOTHER'S MAIDEN NAME

Juila Ann Douzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn K. Damuth 529 Rosehill Terrace

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertension Cardis - 10 y. P.S.  
DUE TO Vascular renal disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1951, to Sept. 1, 1951, that I last saw the  
deceased alive on Sept. 1, 1951, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Taylor M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Sept. 2, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-4-1951

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 4 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J.A. Marmey

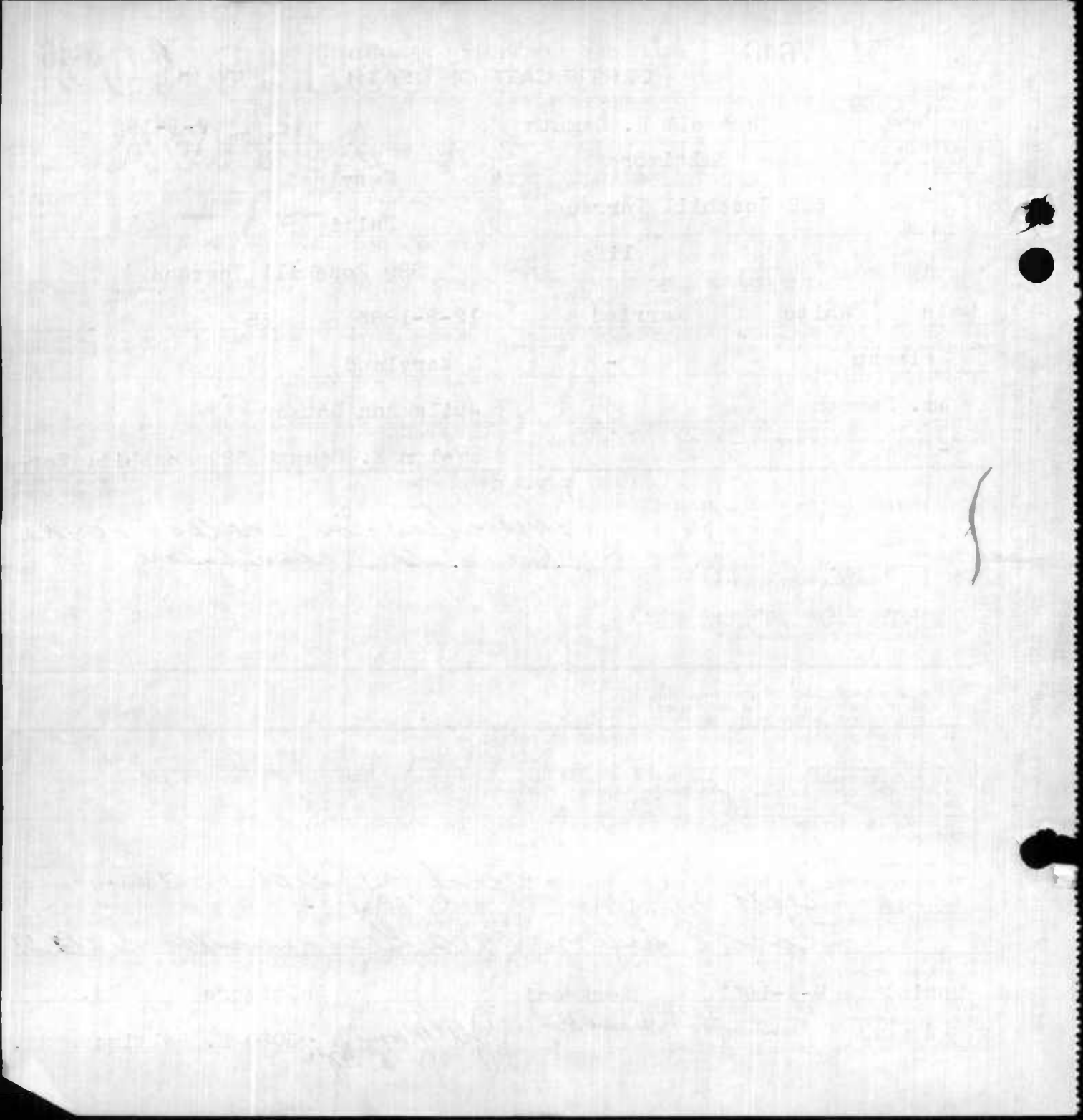
ADDRESS

3000 E. Baltimore St.

VS 150

4906C

131a



CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

(ALPHONSA  
JOHNSON)

MITCHELL JOHNSON

2. DATE  
OF  
DEATH

August 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

South Baltimore General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

35 W. West Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 23, 1948

9. AGE (In years  
last birthday)

(3) 2

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Alphonsa Johnson, Sr.

14. MOTHER'S MAIDEN NAME

Sarah Eliz. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Alphonsa Johnson, Sr. 35-W. West St.

18. E 8/2.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Crushing injury of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

South Hanover St., near West Street 23/1

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

8/31/51

m.

21E. INJURY OCCURRED

WHILE AT ☐ WORK

NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by truck

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*B. E. Fisher*

23B. CHIEF MEDICAL EXAMINER ☒

ASSISTANT MEDICAL EXAMINER ☐

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

8/31/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/4/51

24C. NAME OF CEMETERY OR CREMATORY

mt. Calvary

24D. LOCATION (City, town, or county)

1702

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

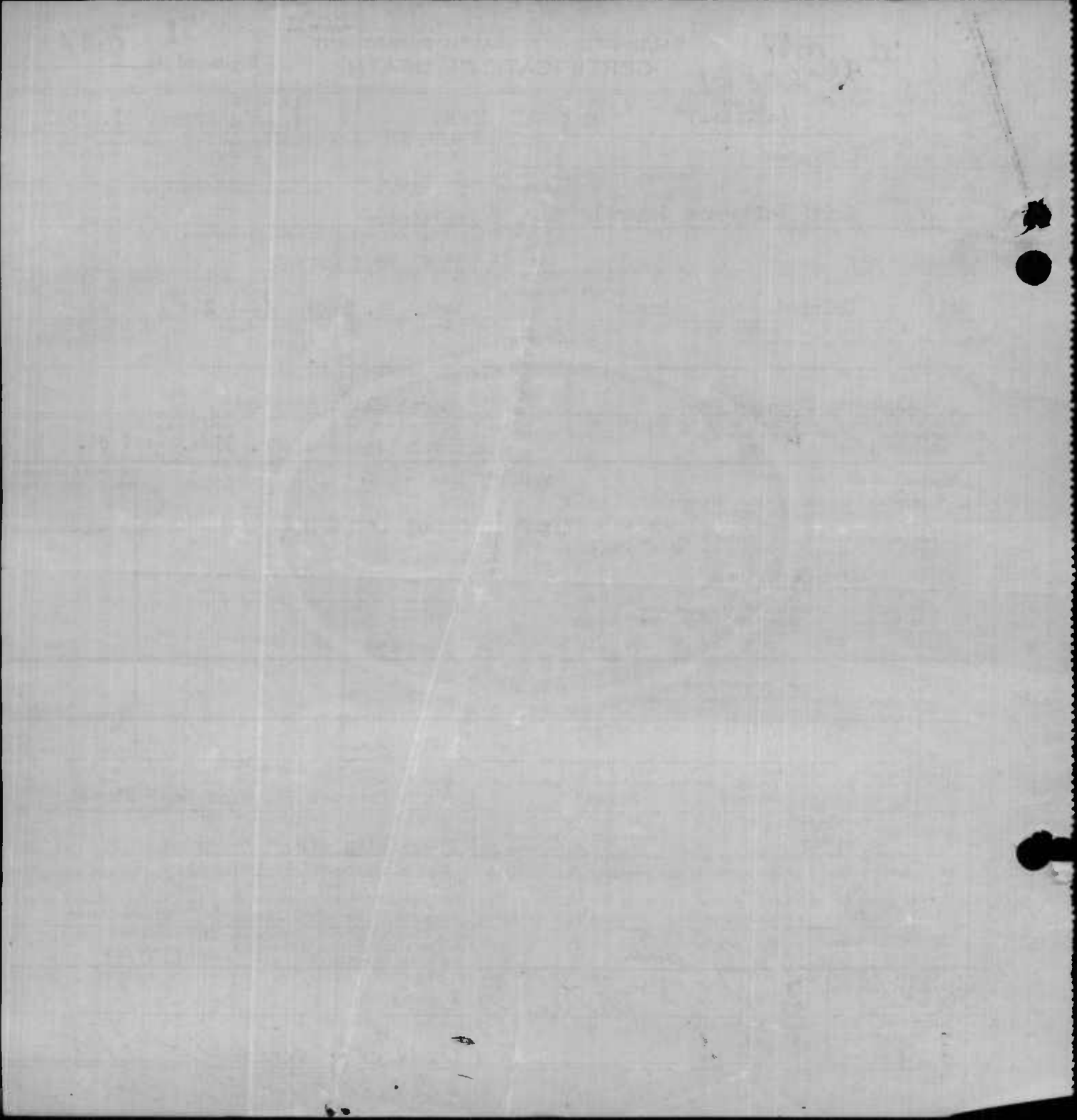
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*A. J. Halsted - 918 -  
Riverside Hill av.*





51 7648

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7648

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Smith Roland

2. DATE  
OF  
DEATH

9.3.57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, MD

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

MD

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

No 8 South Amity St. 23

18-03

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year 11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

West River, MD.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no (if unknown))

no

(If yes, give year or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS # 8 A.

Henrietta Moulden - amity

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Chr. Congestive Heart failure

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8.31. 1957, to 9.3. 1957, that I last saw the deceased alive on 9.3. 1957, and that death occurred at 2A. m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

SEP 4 - 1957

Huntington Williams

51 81 Halsstead - 918 -



100-100000-100000  
100-100000-100000  
100-100000-100000

100-100000-100000

100-100000-100000

51 7649

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7649  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MORRIS COHEN

2. DATE  
OF  
DEATH

9-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

Mt Sinai House

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 16-04

c. Length of stay in Baltimore

Yrs.  
Mns.  
Days

D. STREET ADDRESS (If rural, give location)

2001 W. Rawale St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Paul Cohen - 2001 W Rawale St

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Coronary Thrombosis  
DUE TO arteriosclerosis & heart diseases.  
with heart failureInterval  
3 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Asthma & Hay fever  
DUE TO

5 yrs.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from July 19, 1951, that I last saw the  
deceased alive on Aug 14, 1951, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

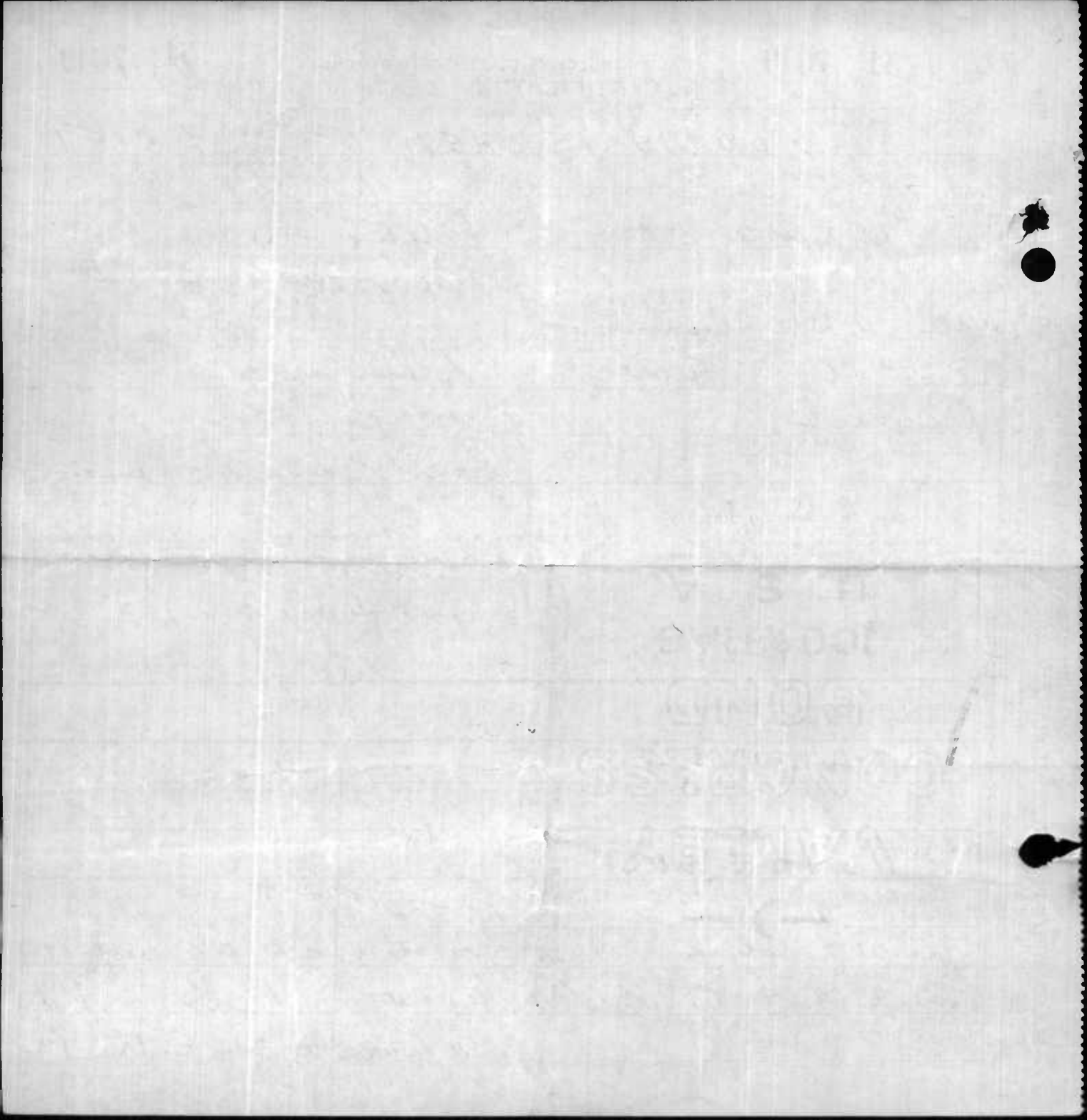
ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 7650

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7650

Registered No.

BIRTH NO. 51-20262

1. NAME OF DECEASED  
(Type or Print)3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 570.3

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Voluntary Sigmoid colon

DUE TO Bilateral Hydromephros

(B) Atelectasis, Pneumonia (Bands)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1957, to 9/2, 1957, that I last saw the  
deceased alive on 9/2, 1957, and that death occurred at 10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



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1953-54  
H. H. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

L-400

51 7651

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7651

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louis Lolli

2. DATE  
OF  
DEATH

Sept. 2 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 18 N. Hilton St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

18 N. Hilton St.

c. Length of stay in Baltimore

39 Yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Tailor Shop

8. DATE OF BIRTH

Oct. 18 1887

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days Hours: Min.

10 13

11. BIRTHPLACE (State or foreign country)

Teramo Abruzzi Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Domenico Lolli

14. MOTHER'S MAIDEN NAME

Cecilia Gramenti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
217-03-1789

17. INFORMANT

ADDRESS

Mrs. Mary Baker (Daughter) 18 N. HILTON ST.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Mitral Stenosis - Insufficiency  
Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1946 to Sept 2, 1951 that I last saw the deceased alive on Aug 30, 1951 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Milton J. Szwed

23B. ADDRESS

22 N. Ellanor St

23C. DATE SIGNED

Sept 3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 5 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 4 - 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Frank Decker 322 S. High St.

ADDRESS

VS 150

5908 77636

9213

DECLARATION OF DEATH

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_  
I, \_\_\_\_\_  
do hereby certify that \_\_\_\_\_  
was born \_\_\_\_\_  
and died \_\_\_\_\_  
at \_\_\_\_\_  
on \_\_\_\_\_  
A.D. 19\_\_\_\_  
at the age of \_\_\_\_\_  
years, \_\_\_\_\_  
months, and \_\_\_\_\_  
days.

Witness my hand and seal this \_\_\_\_\_  
day of \_\_\_\_\_  
A.D. 19\_\_\_\_  
at \_\_\_\_\_  
Mississippi.

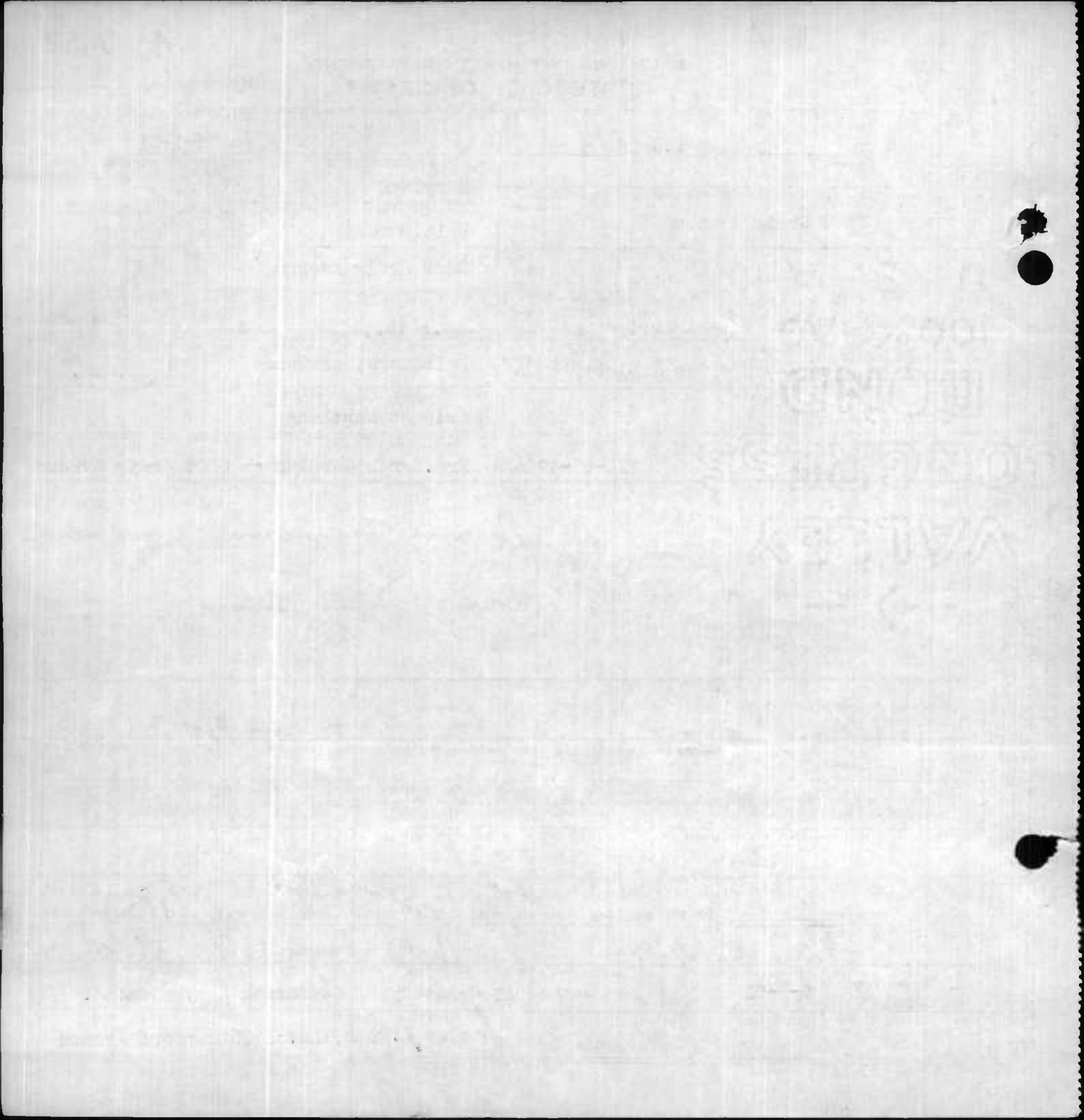
\_\_\_\_\_  
Deputy Registrar

\_\_\_\_\_  
Notary Public

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 7652 9-950				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				51 7652 Registered No. _____					
BIRTH NO.				1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH					
Joseph L. Gahagan				9-1-51									
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland				B. COUNTY City					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5209 Craig Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore									
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 5209 Craig Avenue				27-10					
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 12th., 1888		9. AGE (In years last birthday) 63		10. If Under 1 Year Months: Days Hours: Min. 7 20			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Machinist)				10B. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co				11. BIRTHPLACE (State or foreign country) Baltimore, Maryland				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John J. Gahagan				14. MOTHER'S MAIDEN NAME Bridget Gortlang									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. 212-05-4795 A				17. INFORMANT Mrs. Sarah Gahagan -- 5209 Craig Avenue				ADDRESS	
18. 470.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO A. <i>Cerebral Thrombosis</i> B. <i>Cerebral artery disease</i> C. <i>Arteriosclerosis general</i> INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>				CAUSE OF DEATH									
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>Sept 1</i> , 19 <i>50</i> , to <i>Sept 1</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>Sept 1</i> , 19 <i>51</i> , and that death occurred at <i>9 A.</i> m., from the causes and on the date stated above.													
23A. SIGNATURE <i>John B. Gahagan</i>				23B. ADDRESS <i>5600 Harford Rd</i>				23C. DATE SIGNED <i>Sept 1951</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) burial				24B. DATE 9-5-51				24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery				24D. LOCATION (City, town, or county) (State) Edmondson Ave. Balto: Md.	
DATE RECEIVED BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE <i>William H. Williams, M.D.</i>				25. FUNERAL DIRECTOR George J. Ruth, Inc. - 1735 Harford Avenue				ADDRESS	
SEP 4 - 1951				5445E				94a					



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7653

Registered No.

215 P.M.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **ALDA L. BERT**  
**WOJCIECH (GEORGE) MACK-LAZAREK**

2. DATE OF DEATH **2 Sept. 51**

3. PLACE OF DEATH: **940 S. KENWOOD AVE**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. Baltimore City, Maryland

A. STATE **Md.** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION **940 So. Kenwood Ave**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

c. Length of stay in Baltimore **60 Yrs.**

D. STREET ADDRESS (If rural, give location) **940 S. Kenwood Ave**

5. SEX **Male**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **15 Mar. 1872**

9. AGE (in years last birthday) **79** If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sabonier (Retired)**

10B. KIND OF BUSINESS OR INDUSTRY **C. & P. Telephone**

11. BIRTHPLACE (State or foreign country) **Gronnik Poland**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13. FATHER'S NAME **Matthew Lazarek**

14. MOTHER'S MAIDEN NAME **Mary Anne (Unknown)**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No.** (If yes, give war or dates of service) **None**

16. SOCIAL SECURITY NO. **212-18-5962** 17. INFORMANT (Name and Address) **Mrs. Rosalie (wife) 940 S. Kenwood Ave**

18. **196X** DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Carcinoma - skull**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis - generalized**

DUE TO

(C) **Pneumo - pneumonia - 2 days**

INTERVAL BETWEEN ONSET AND DEATH

**?**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 22, 1951**, to **Sept 2, 1951**; that I last saw the deceased alive on **Sept. 2, 1951**, and that death occurred at **215 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **L. J. Klines**

M. D.

23B. ADDRESS **2623 E. Mount Vernon St.**

23C. DATE SIGNED **9/3/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Buried**

24B. DATE **5 Sept. 51**

24C. NAME OF CEMETERY OR CREMATORY **St. Stanislaus Cem.**

24D. LOCATION (City, town, or county) (State) **1300 Dundalk Ave Baltimore**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR

ADDRESS

**SEP 4 - 1951**

**Stephen J. Fialkowski - 1000 S. Kent Ave.**

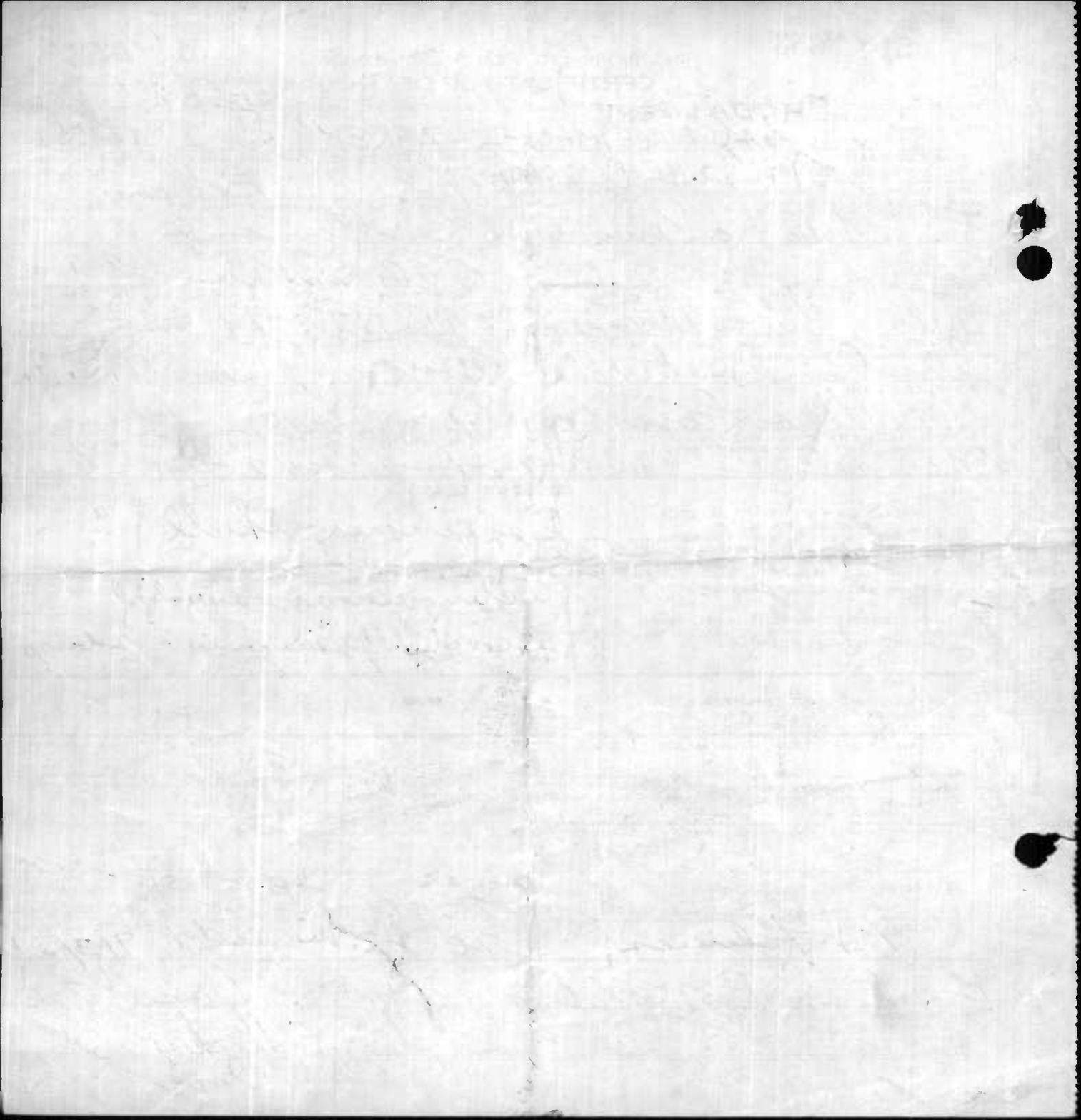
VS 150

**125107630 Inc. 55B**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

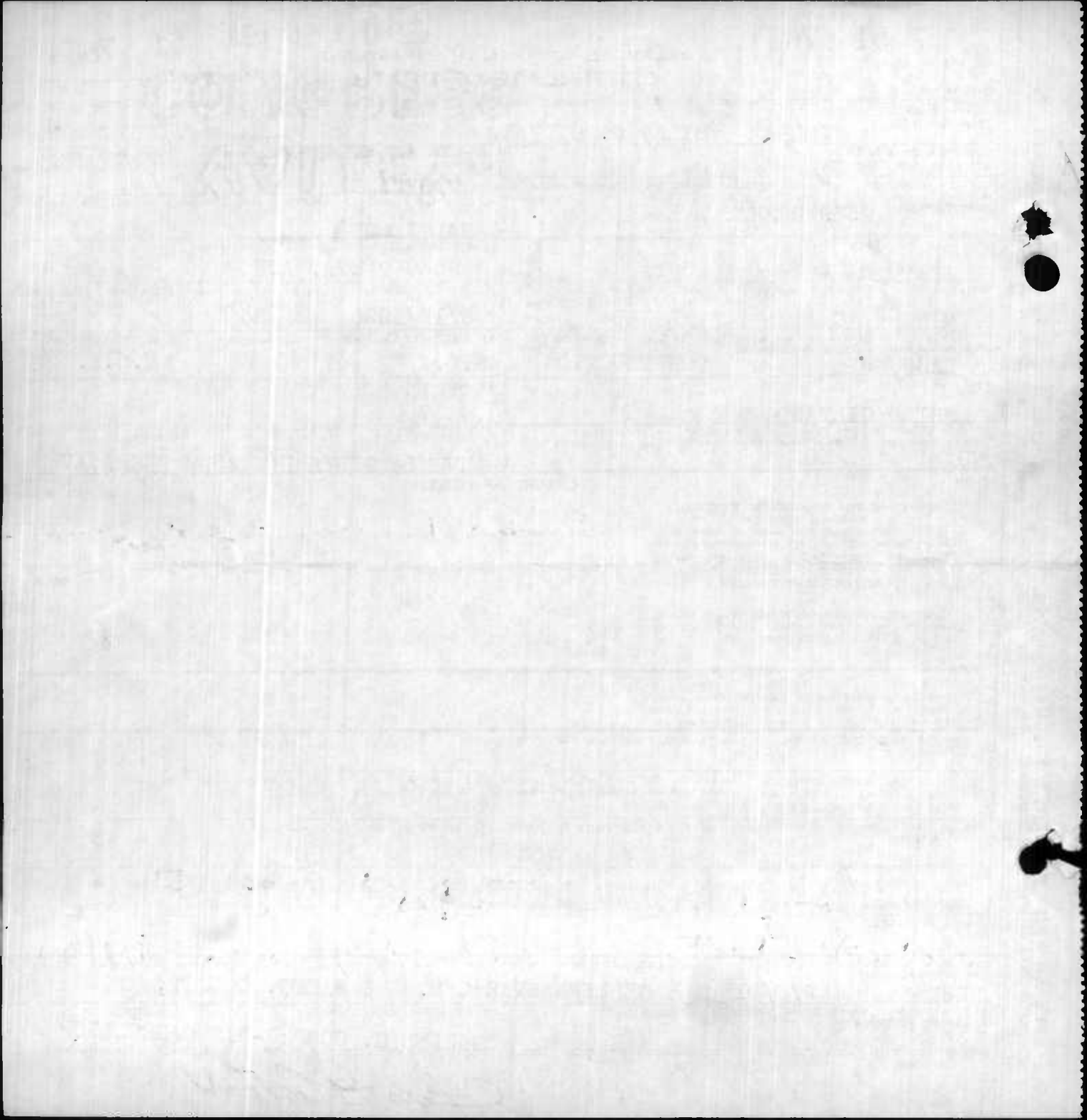




BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7654 9-463		51 7654	
BIRTH NO.		2. DATE OF DEATH 8/31/51	
1. NAME OF DECEASED (Type or Print) WILLIAM (BILL) G. GILYARD		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2539 PENNA. AVE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
C. Length of stay in Baltimore 15yrs		D. STREET ADDRESS (If rural, give location) 2539 PENNA. AVE 13-03	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6/15/1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	9. AGE (In years last birthday) 53
11. BIRTHPLACE (State or foreign country) S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME SHILO GILYARD		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT LUVENIA GILYARD(W)		ADDRESS 2539 PENNA. AVE	
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Cardiac Vascular Disease 6 months	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 9, 1951 to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE W. H. L. S. S. M. D.		23B. ADDRESS 5152ington	
23C. DATE SIGNED 9/1/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 9/6/51	
24C. NAME OF CEMETERY OR CREMATORY WESTERN STAR CEM.		24D. LOCATION (City, town, or county) BALTO. COUNTY, MD.	
24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 4 1951		24F. REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR		ADDRESS	
CHARLES G. COOPER-512 CARROLLTON AV.			



51 7655  
 CERTIFICATE CORRECTED 9/24/51 ES 51 7655  
 BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH  
 Registered No. \_\_\_\_\_

BIRTH NO. B. 230

1. NAME OF DECEASED (Type or Print) <u>Emma Best</u>		2. DATE OF DEATH <u>8.30.51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore City, MD</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Life</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>18-02</u>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>517 n Carrollton Ave.</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6.16.07</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>H'wife</u>	9. AGE (In years last birthday) <u>44</u>
13. FATHER'S NAME <u>George Mills</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Maryland</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>none?</u>		14. MOTHER'S MAIDEN NAME <u>Josephine Caston</u>	
17. INFORMANT <u>Dortch Best-517 Carrollton Ave</u>		ADDRESS _____	

18. 592x1  
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Uremia  
 (A) \_\_\_\_\_  
 DUE TO \_\_\_\_\_

ANTECEDENT CAUSES  
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
 (B) Chronic Glomerulonephritis  
 DUE TO \_\_\_\_\_  
 (C) \_\_\_\_\_

II  
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8.6., 1957, to 8.30., 1957, that I last saw the deceased alive on 8.30., 1957, and that death occurred at 8.30.51, from the causes and on the date stated above.

23A. SIGNATURE John H. Holmes 23B. ADDRESS Provident Hospital 23C. DATE SIGNED 8.31.51

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried 24B. DATE 9/4/51 24C. NAME OF CEMETERY OR CREMATORY Western Star 24D. LOCATION (City, town, or county) (State) Balto County Md.

DATE RECEIVED BY LOCAL REGISTRAR \_\_\_\_\_ REGISTRAR'S SIGNATURE \_\_\_\_\_ 25. FUNERAL DIRECTOR Chas Sloper ADDRESS 512 Carrollton Ave

See Document File 51-7655

9/26/51

ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 7656

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7656

Registered No. \_\_\_\_\_

BIRTH NO. B-260

1. NAME OF DECEASED (Type or Print) <u>Baby Boy Baker</u>		2. DATE OF DEATH <u>9-3-57</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>2</u> <sup>Yrs.</sup> <u>1</u> <sup>Mon.</sup> <u>1</u> <sup>Days</sup>		O. STREET ADDRESS (If rural, give location) <u>6308 Toone St.</u> <u>26-36</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-1-57</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		9. AGE (In years; last birthday) <u>2</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>R. W. Baker</u>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <u>Charlotte Mae Schmidt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Robert W. Baker 6308 Toone St. Balto., Md.</u>	

18. <u>776X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>PREMATURITY</u> (A) _____ DUE TO _____		CAUSE OF DEATH <u>PREMATURITY</u>		INTERVAL BETWEEN ONSET AND DEATH	
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____		(C) _____			
19A. DATE OF OPERATION <u>9-3-57</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-1</u> , 19 <u>57</u> , to <u>9-3</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>9-3</u> , 19 <u>57</u> , and that death occurred at <u>4 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>J. J. Ardiel</u> M. D.		23B. ADDRESS <u>Mercy Hosp.</u>		23C. DATE SIGNED <u>9-3-57</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Sept. 4, 1957</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		24D. LOCATION (City, town, or county) (State) <u>7225 Eastern Ave., Balto., Co.,</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 4 - 1957</u>	REGISTRAR'S SIGNATURE <u>Charles J. Geiler</u>	25. FUNERAL DIRECTOR <u>Charles J. Geiler</u>		ADDRESS <u>901 S. Conkling St.</u>	





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7657  
Registered No.BIRTH NO. 51 7657  
S-360

1. NAME OF DECEASED (Type or Print) <i>GENEVIEVE C. STARR</i>			2. DATE OF DEATH <i>SEPT. 3, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6203 Elmbank Rd</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>27-15</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>6203 Elmbank Rd Mt. Washington</i>			C. CITY OR TOWN <i>Baltimore</i>		
c. Length of stay in Baltimore <i>64</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>6203 Elmbank Rd Mt. Washington</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 1, 1887</i>		9. AGE (In years last birthday) <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Arthur Hogan</i>			14. MOTHER'S MAIDEN NAME <i>Margaret M. McNamee</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT ADDRESS <i>Edward Leo Starr 6203 Elmbank Rd</i>		

18. <i>470 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Disease</i> DUE TO <i>heart collapse</i>			CAUSE OF DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) DUE TO		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>For years</i> , to <i>Sept 3</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Sept 1</i> , 19 <i>51</i> , and that death occurred at <i>11:30</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Anna P. Weronowski</i>		23B. ADDRESS <i>3524 Greenmount Ave</i>		23C. DATE SIGNED <i>Sept. 4, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept. 7, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>James W. Condon</i>		ADDRESS <i>5444 Belair Rd.</i>	

3524 Government Ave  
St Louis, Mo

51 7658

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7658

Registered No.

BIRTH NO.

9-361

1. NAME OF DECEASED  
(Type or Print)

Geo R. Gawthrop

2. DATE  
OF  
DEATH

9/3/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

37 Mercy Hosp

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 9 1879

9. AGE (In years  
last birthday)

72 yrs.

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired Attendant

10B. KIND OF BUSINESS OR  
INDUSTRY

Balto. City Hosp.

11. BIRTHPLACE (State or foreign country)

BALTO.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Wm Gawthrop

14. MOTHER'S MAIDEN NAME

M. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Jesse Gawthrop, 3801 Kimble Road

18. 611 X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

Unk.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3/1957, to 9/3, 1957, that I last saw the  
deceased alive on 9/3, 1957, and that death occurred at 9:15 m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. K. Examiner

M. O.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

9/3/57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 5, 1957

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

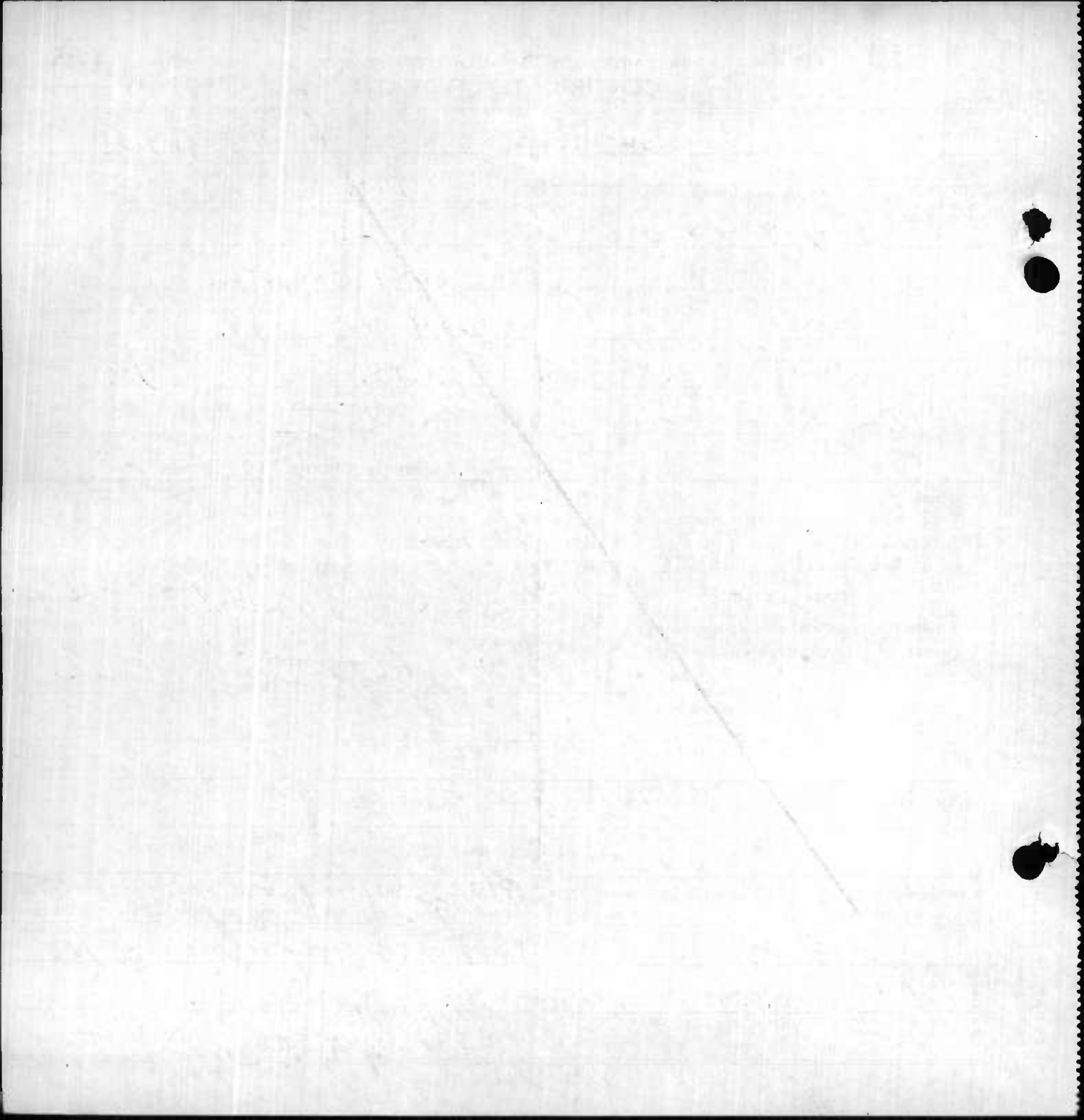
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

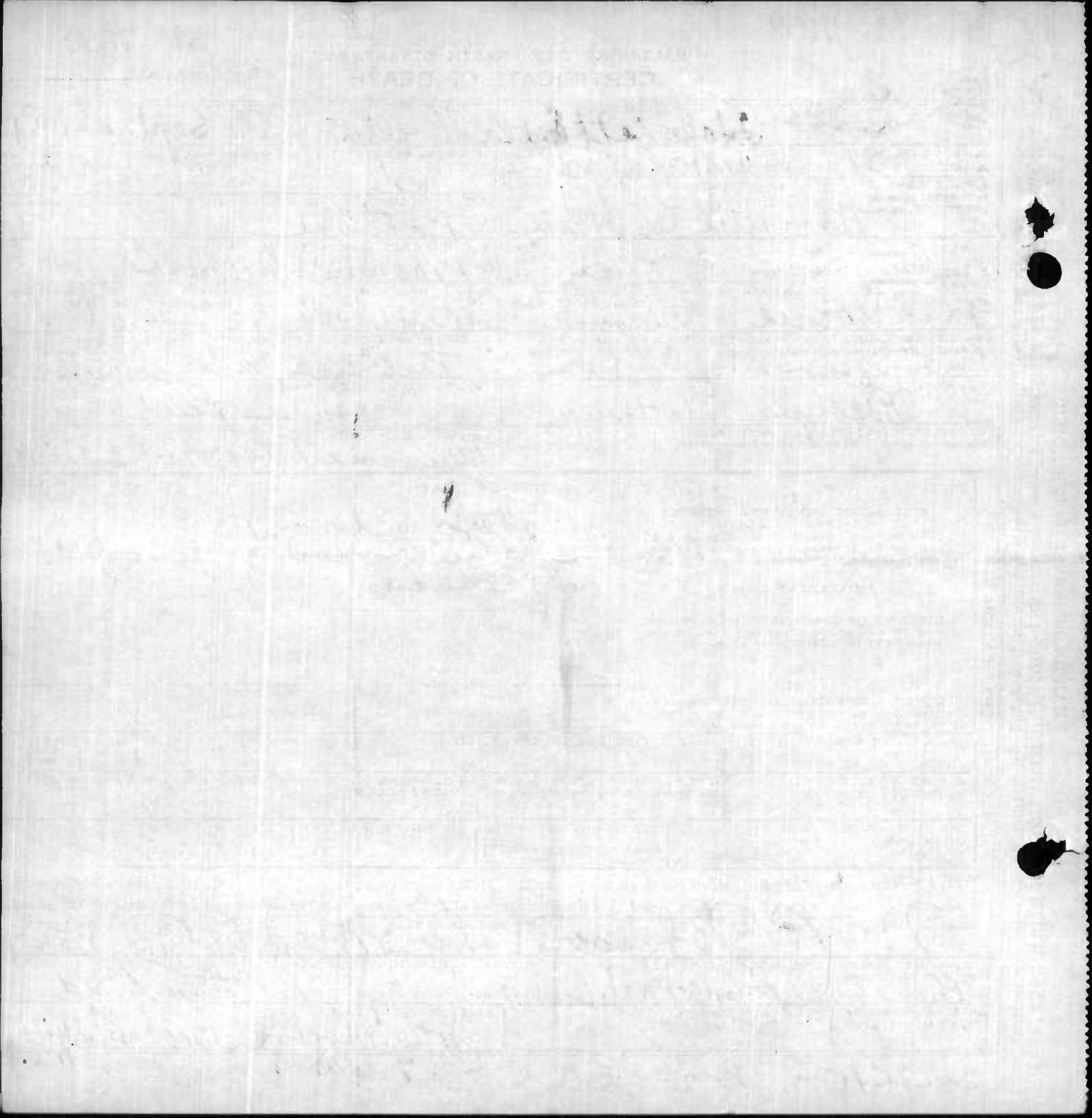
ADDRESS

4510 Liberty  
Heights Ave.









51 7660

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7660

Registered No.

BIRTH NO. *m-220*1. NAME OF DECEASED  
(Type or Print)*JOHN MOSES*2. DATE  
OF  
DEATH*Sept 2 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore City*B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE*University Hosp.*

4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission)

A. STATE *Maryland*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*521 Burgundy Street**22-02*

c. Length of stay in Baltimore

*11 Yrs*

5. SEX

*M*

6. COLOR OR RACE

*C*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*M*

8. DATE OF BIRTH

*12/24/1911*

9. AGE (in years last birthday)

*40*

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Laborer*

10B. KIND OF BUSINESS OR INDUSTRY

*Contracting*

11. BIRTHPLACE (State or foreign country)

*Sumter, S.C.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Unknown*

14. MOTHER'S MAIDEN NAME

*Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

*217-28-8949*

17. INFORMANT

ADDRESS

*Priscilly Moses - 812 Sharp Street*18. *4/20/1*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Coronary Artery Sclerosis*  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Partial autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*Stanley B. Dumlacher*

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

*Sept 2, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9/5/51*

24C. NAME OF CEMETERY OR CREMATORY

*Mount Calvary Ct*

24D. LOCATION (City, town, or county)

*A.A.Co., Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

*108-2W*

ADDRESS

*J.L. Brown & Son Montgomery St*

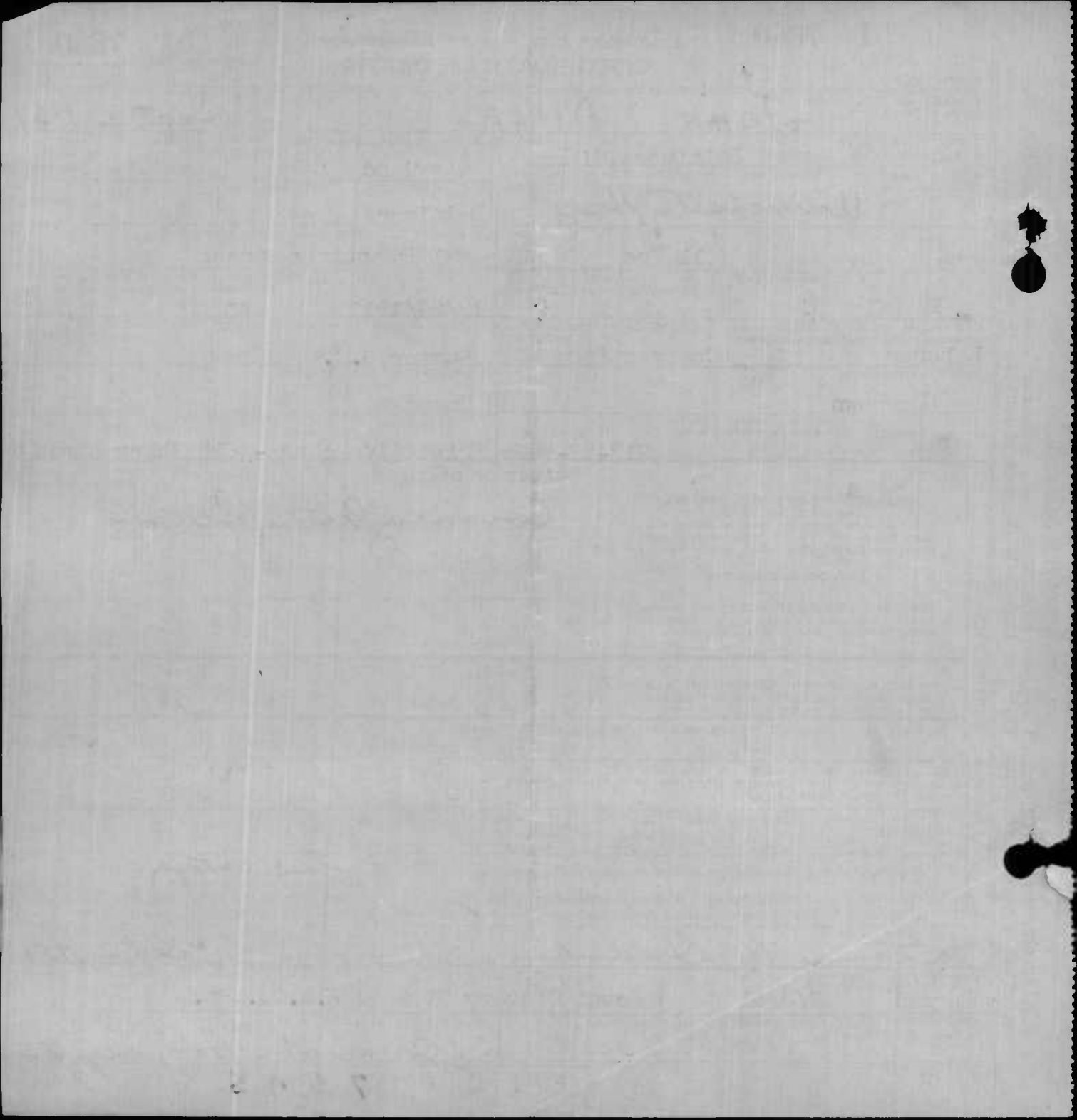
VS 151

*1950-1951 7 6 4 5 94a*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7661  
Registered No. \_\_\_\_\_

BIRTH NO. 51 7661  
C-640

1. NAME OF DECEASED  
(Type or Print)

JOHN A. CRAWLEY

2. DATE  
OF  
DEATH

9-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION

605 N. CALHOUN ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

16-02

D. STREET ADDRESS (If rural, give location)

605 N. CALHOUN ST.

c. Length of stay in Baltimore

20 YRS.

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

10. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.

M.

C.

MARRIED

MAR. 21, 1896

55

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

REAL ESTATE AGENT

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

CRAWLEY

14. MOTHER'S MAIDEN NAME

NELLIE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MARY DUBLIN 605 N. CALHOUN ST.

18.

163X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ...

DUE TO

Carcinoma of Right  
Lung

INTERVAL BETWEEN  
ONSET AND DEATH

6 mths

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

Secondary Anemia

12 mths

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from Feb. 8, 1951, to Sept 2, 1951, that I last saw the deceased alive on Sept 2, 1951, and that death occurred at 5:50 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

23A. SIGNATURE

M. D.

1543 Penna Ave

9/4/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9-5-51

MT. CALVARY

A.A. County, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

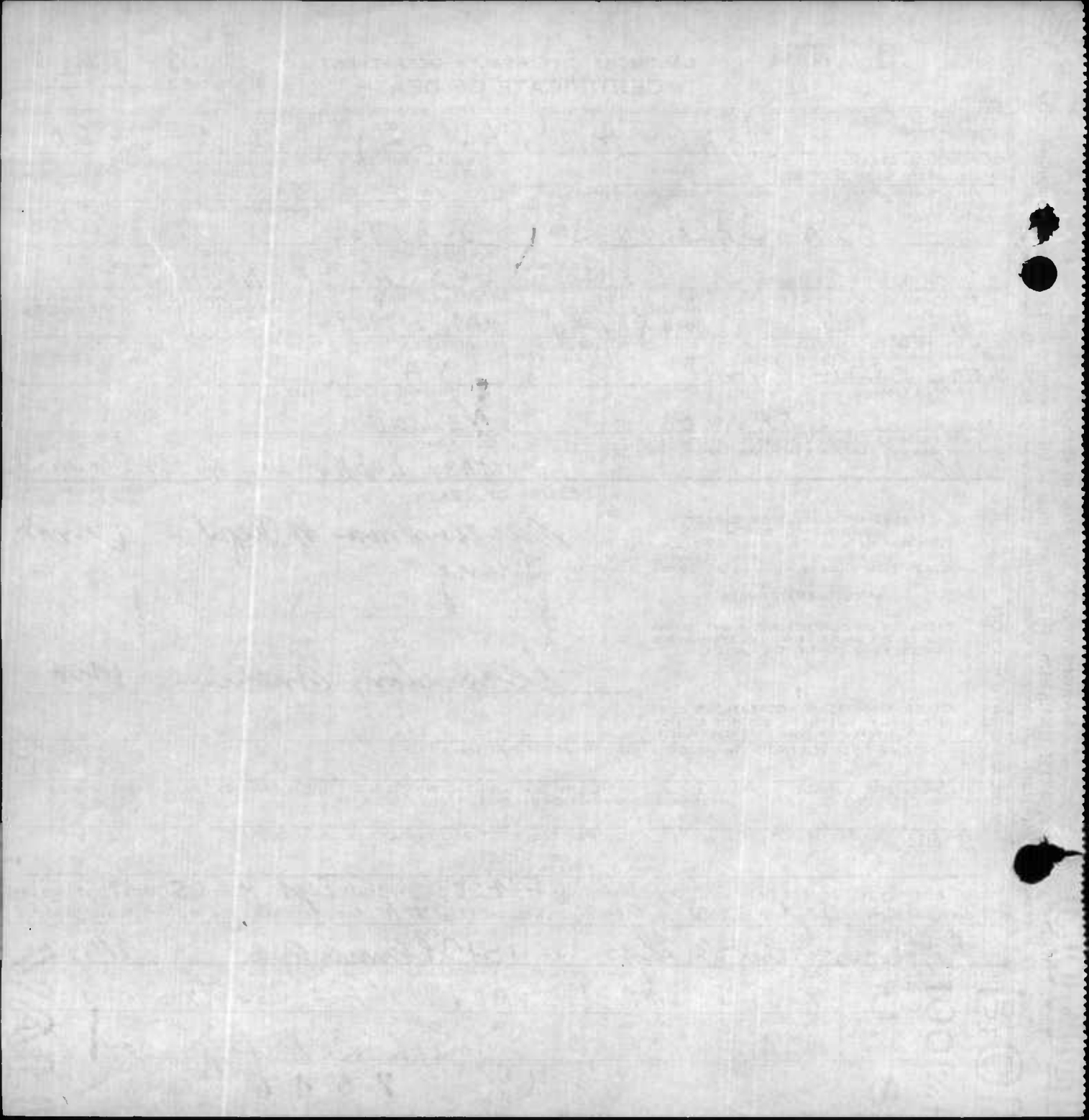
ADDRESS

SEP 4 - 1951

Huntington Williams

Joseph G. Locks, Jr. 1304 N. ...

97054 76610 47D



51 7662

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7662

Registered No.

BIRTH NO. V-2001. NAME OF DECEASED  
(Type or Print) Jones, Jessie2. DATE OF DEATH September 2 19513. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
1528 North Eden StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
1528 N. Eden St.c. Length of stay in Baltimore 3 yr.5. SEX  
F.6. COLOR OR RACE  
Colored7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH  
May 30, 18939. AGE (In years last birthday)  
58If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
Morris Bradford14. MOTHER'S MAIDEN NAME  
? Daffney15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Joseph LAWSONADDRESS  
1528 N. EDEN ST.18. 171X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Secondary carcinoma of bones

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
Carcinoma, cervix, uteri(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION  
0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1951 to Sept. 2, 1951, that I last saw the deceased alive on Sept. 2, 1951 and that death occurred at 9:00 pm., from the causes and on the date stated above.23A. SIGNATURE  
G. A. Bliska

M. D.

23B. ADDRESS  
1400 N. Caroline St.23C. DATE SIGNED  
Sept. 3, '5124A. BURIAL, CREMATION, REMOVAL (Specify)  
REMOVAL24B. DATE  
9-5-5124C. NAME OF CEMETERY OR CREMATORY  
SUMMERTON. S. C.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR  
SEP 4 - 1951REGISTRAR'S SIGNATURE  
Joseph P. Rock25. FUNERAL DIRECTOR  
Joseph P. RockADDRESS  
7304 N. Central Ave



10-11-40

20315

10-11-40

NOTED

10-11-40

10-11-40

10-11-40

10-11-40

10-11-40

10-11-40

10-11-40

10-11-40

10-11-40

51 7663  
S. 530BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7663

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

CATHERINE SMITH

2. DATE  
OF  
DEATH

9/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

7 W. HILL ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

7 W. HILL ST

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH

JUNE 12, 1902

9. AGE (in years  
last birthday)

49

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTO Co. MD

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JOHN THOMAS O'KEEFE

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

CHARLES E. SMITH 7 W. HILL ST

18.

171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Emaciated, Marked

INTERVAL BETWEEN  
ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Advanced Carcinoma cervix

3 yr

(C) DUE TO

inoperable extreme dilatation

6 mo +

Metastatic lesions to liver and  
mediastinum and lungs

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19, to 9-2-51, 19, that I last saw the  
deceased alive on 9-2-51, 19, and that death occurred at 550 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Smith M.D.

M. D.

23B. ADDRESS

642 N. 2nd St

23C. DATE SIGNED

9-4-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/5/51

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

(State)

RITCHIE HIGHWAY

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John F. Denny, Inc.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGHT ST

Dr Raymond Pangle  
642 Wash Blvd

LE 4600

11 AM TO 2 PM

51 7664

51 7664

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.

F-630

1. NAME OF DECEASED  
(Type or Print)

MAGGIE MAY FORD

2. DATE  
OF  
DEATH

9/1/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
a. STATE b. COUNTY before admission)

MARYLAND ANNE ARUNDEL

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

46 LUTHERAN HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

200 SYCAMORE RD

5200

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7/4/1892

9. AGE (In years  
last birthday)

57

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR  
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

SOMERS

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS A.A. Co.

DAVID E. FORD, SR. 200 SYCAMORE RD

18.

332X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1951, to Sept. 1, 1951, that I last saw the  
deceased alive on Sept. 1, 1951, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Drs. C. Macapangan

M. D.

23B. ADDRESS

Lutheran Hosp. of Maryland

23C. DATE SIGNED

9/1/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/4/51

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county) (State)

ANNE ARUNDEL Co., MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 - 1951

Hester for Williams, MD

JOHN F. DENNY, INC. 715 LIGHT ST.

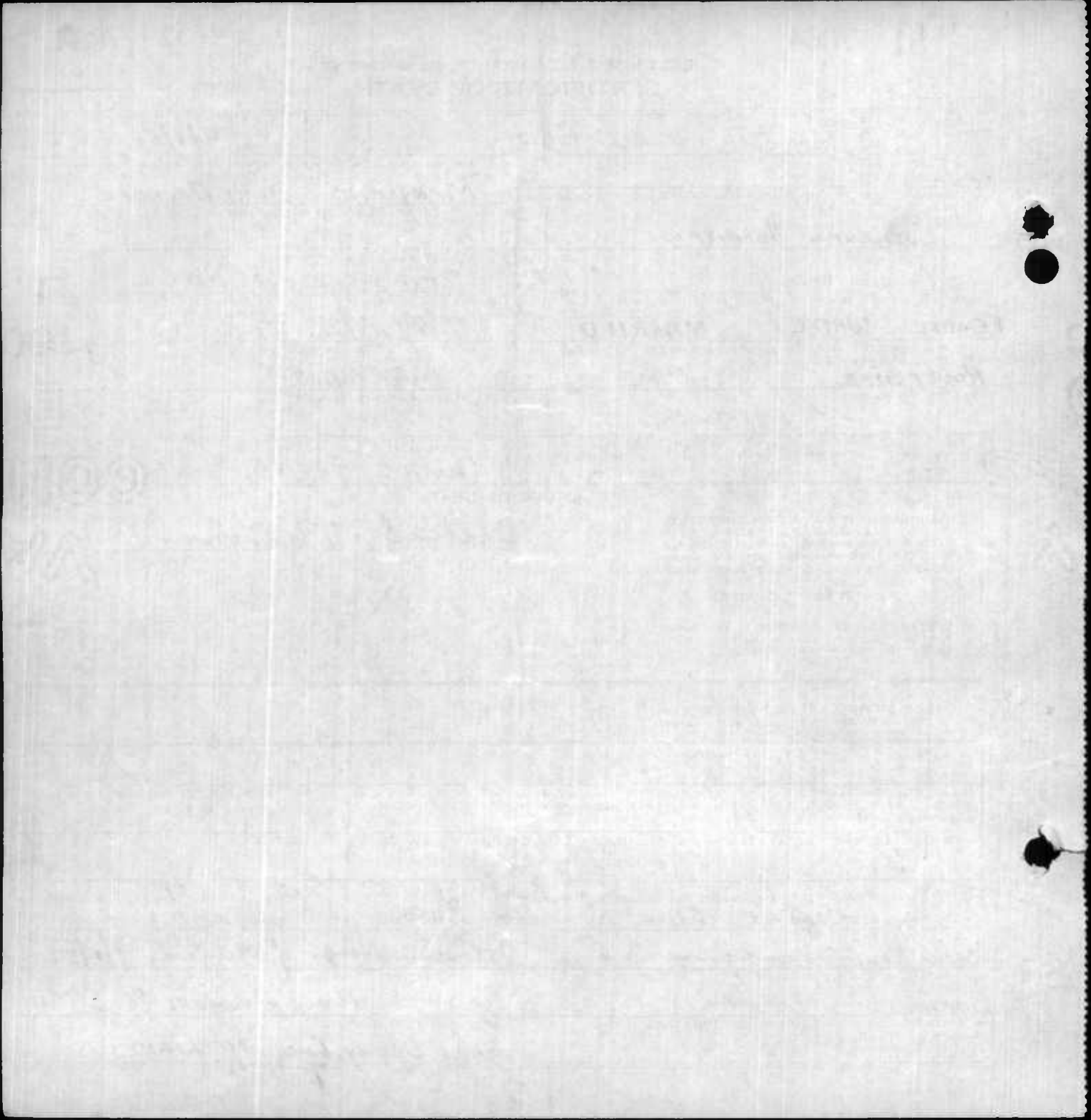
VS 150

1951020764

83B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7665  
Registered No.

BIRTH NO. 51 7665  
E 152

1. NAME OF DECEASED (Type or Print) <b>JOHN H. EVANS</b>			2. DATE OF DEATH <b>Sept 1, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) A. STATE <b>MD</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>PROVIDENT HOSP</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Ba/to</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>100M<sup>2</sup> Mechen St. 1401</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 28, 1911</b>	9. AGE (in years last birthday) <b>40</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Packer</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Seafood</b>		
11. BIRTHPLACE (State or foreign country) <b>Balto. Md</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Charles Evans</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Turpin</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Lillian Evans</b>			ADDRESS <b>100 M<sup>2</sup> Mechen St.</b>		

18. **E978X I**

**CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of Skull**  
DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO  
(C)

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**Street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**638 N Carrollton Ave.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**Sept 1 1951 m.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?  
**Jumped from window to sidewalk**

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, ☒ homicide ☐, undetermined ☐.

23A. SIGNATURE  
**Stanley H. Dureader**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED  
**Sept 2, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**9-5-1951**

24C. NAME OF CEMETERY OR CREMATORY  
**St. Calvary Cem**

24D. LOCATION (City, town, county, state)  
**Cedar Hill Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR  
**Mrs Katie R. Williams**

ADDRESS **322 N. Schwenk St.**

VS 151

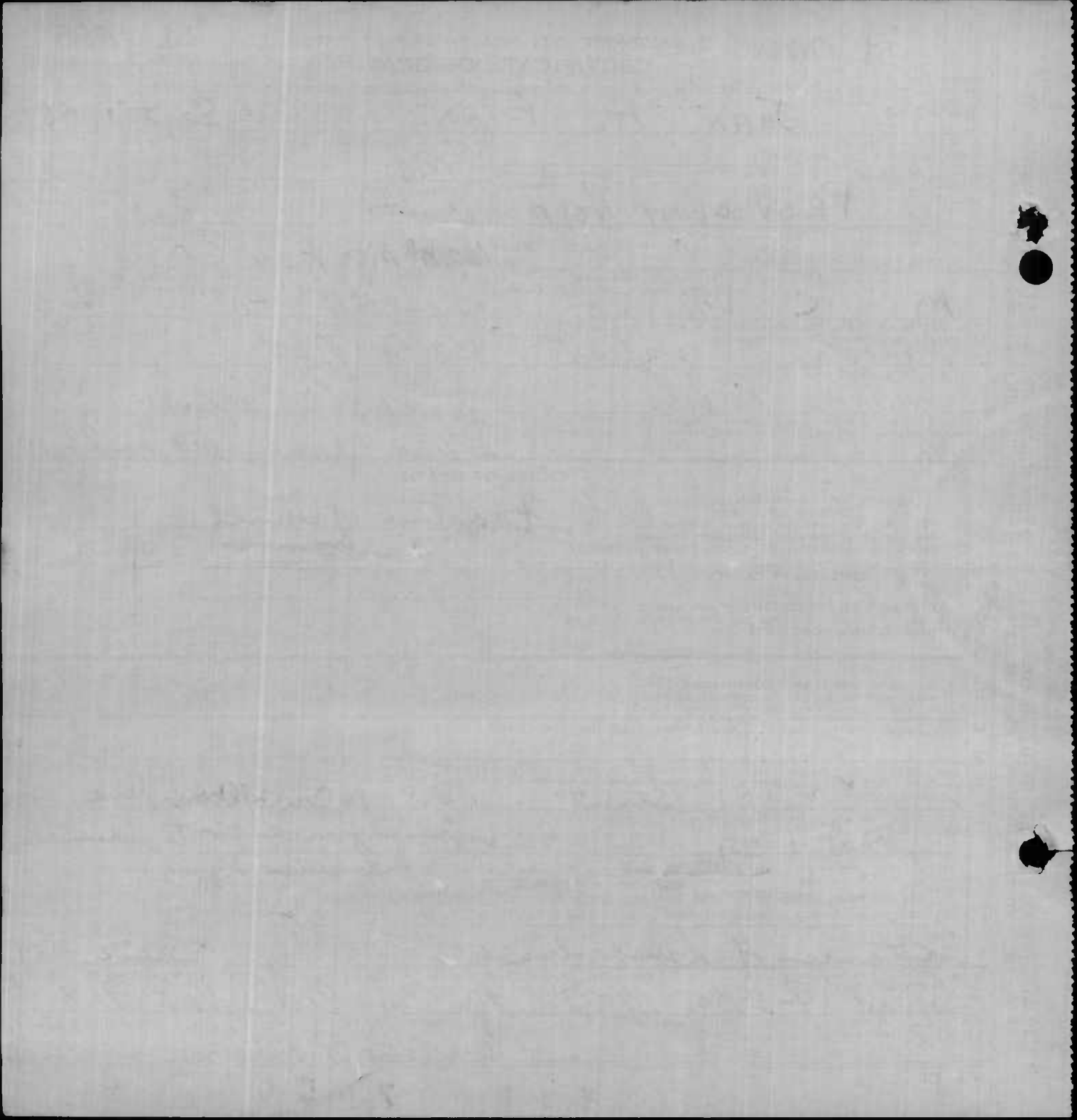
N-803.2 1 2 5 6 9 0 6 3 0 7 6 5 0 164E ✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING





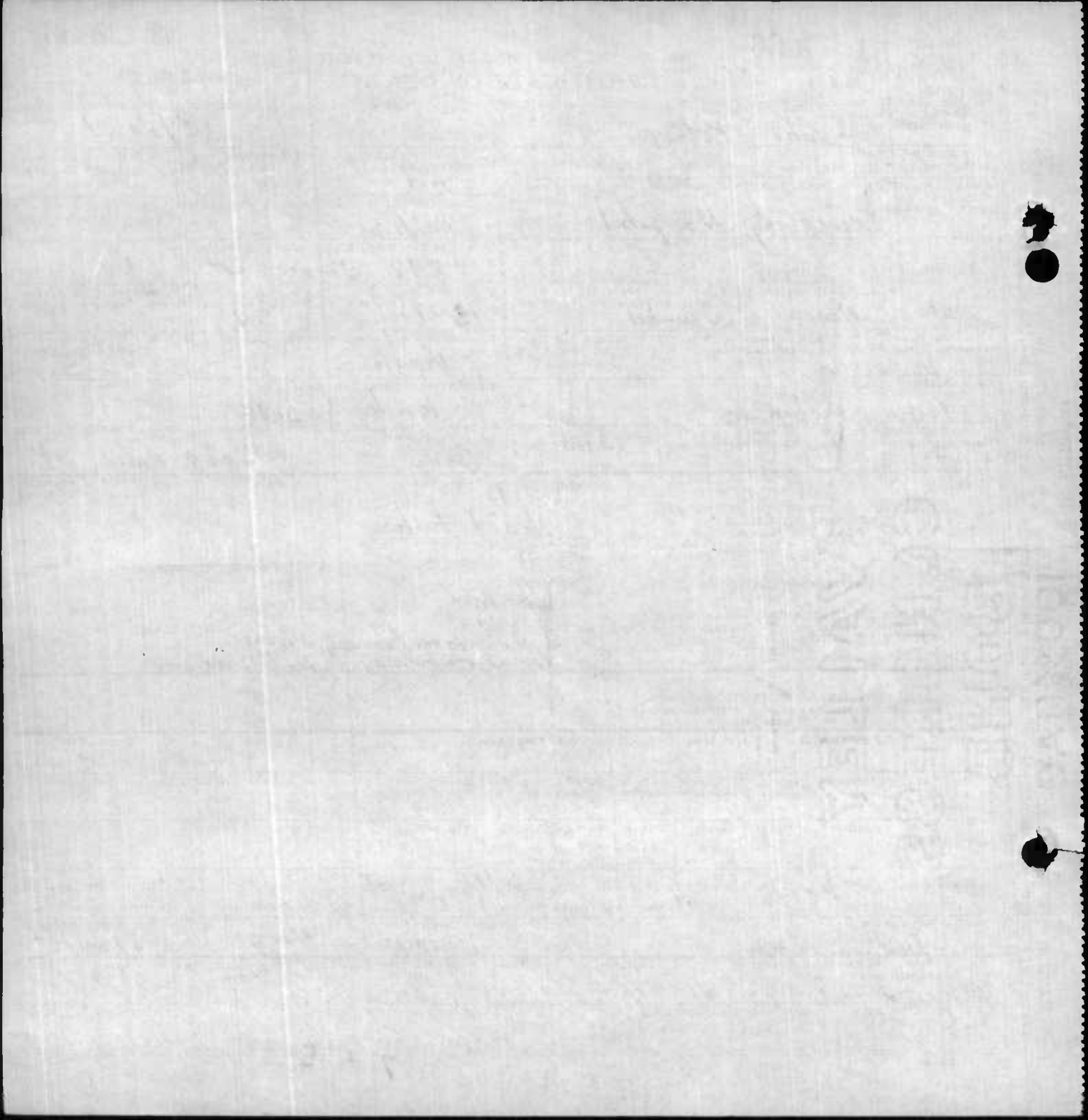
51 7666

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7666

Registered No. \_\_\_\_\_

BIRTH NO. <i>R-152</i>		1. NAME OF DECEASED (Type or Print) <i>John Robinson</i>		2. DATE OF DEATH <i>8/30/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore _____			D. STREET ADDRESS (If rural, give location) <i>847 Pierce St 17-03</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DAY OF BIRTH <i>1897-12-</i>	9. AGE (In years last birthday) <i>54</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>son</i>	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Mose Robinson</i>			14. MOTHER'S MAIDEN NAME <i>Kate Robinson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>son 204 Amity St.</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Heart Failure</i> DUE TO (A) _____			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Uremia</i> DUE TO _____ (C) <i>Hypertension, Coronary Disease, Pneumonia, Hyperthyroidism</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/17</i> , 19 <i>51</i> , to <i>8/30</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8/30</i> , 19 <i>51</i> , and that death occurred at <i>12:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Rob Robinson</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>8/30/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-4-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem Balto.</i>		24D. LOCATION (City, town, or county) (State) <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>4-1</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>		ADDRESS <i>322 N. Schroeder St.</i>



51 7667

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7667

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Antonio Mirabile

2. DATE  
OF  
DEATH

Sept. 3 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland N. 5 Calvert St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1020 Low St.

5-02

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 28 1880

9. AGE (In years  
last birthday)

71

10. UNDER 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR  
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Bafia Italy

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Giuseppe Mirabile

14. MOTHER'S MAIDEN NAME

Giuseppina Bugliesi

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

217-05-5810 Rosaria Mirabile (Wife) 1020 Low St.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Stomach

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Acute Congestive Heart Failure

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

2-Aug-51

19B. MAJOR FINDINGS OF OPERATION

Extensive C.A. of Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office, etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Aug. 1951, to 1-Sept. 1951 that I last saw the deceased alive on 1-Sept. 1951 and that death occurred at H. A. m., from the causes and on the date stated above.

23A. SIGNATURE

H. A. Hillinger

23B. ADDRESS

Mercy Hospital, Balto.

23C. DATE SIGNED

3 Sept. 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 6 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

SEP 4 - 1951

Frank Della Croce 322 S. High St.

VS 150

1 9 5 7 6 9 9 0 0 7 6 5 4

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

WATLEY

CERTIFICATE OF DEATH

1912

WATLEY

WATLEY

WATLEY

WATLEY

WATLEY

WATLEY

WATLEY

WATLEY

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WATLEY

WATLEY

WATLEY

WATLEY

WATLEY

ML I513461

7668

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

51

7668

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Wilbert Lee Gatlin

2. DATE  
OF  
DEATH

8-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Baltimore City Hospital

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

219 S. Dallas St.

c. Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-12-51

9. AGE (in years  
last birthday)H Under 1 Year  
Months DaysH Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wilbert Lee Roundtree

14. MOTHER'S MAIDEN NAME

Masea Gatlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMATIONAL ADDRESS  
Baltimore City Hospital  
Records: 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## CAUSE OF DEATH

(A) Cardiac arrest following craniotomy of  
removal of subdural membraneINTERVAL BETWEEN  
ONSET AND DEATH

10 Minutes

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)

## CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-31-51

19B. MAJOR FINDINGS OF OPERATION

Bilateral Chronic subdural Hematoma

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

219 S. Dallas Street

3/1

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

About: July 1951 m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒21F. HOW DID INJURY OCCUR?  
Presumably fell at home or  
possible birth injury22. I hereby certify that I attended the deceased from 8-15-51, to 8-31-51, 1951, that I last saw the  
deceased alive on 8-31-51, 1951, and that death occurred at 12:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. S. Doogan M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-2-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/5/51

(24C. NAME OF CEMETERY OR CREMATORY)

Mt Zion

24D. LOCATION (City, town, or county)

Balt. Co. - Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles A. Rice - 661 W. Barre St

VS 150

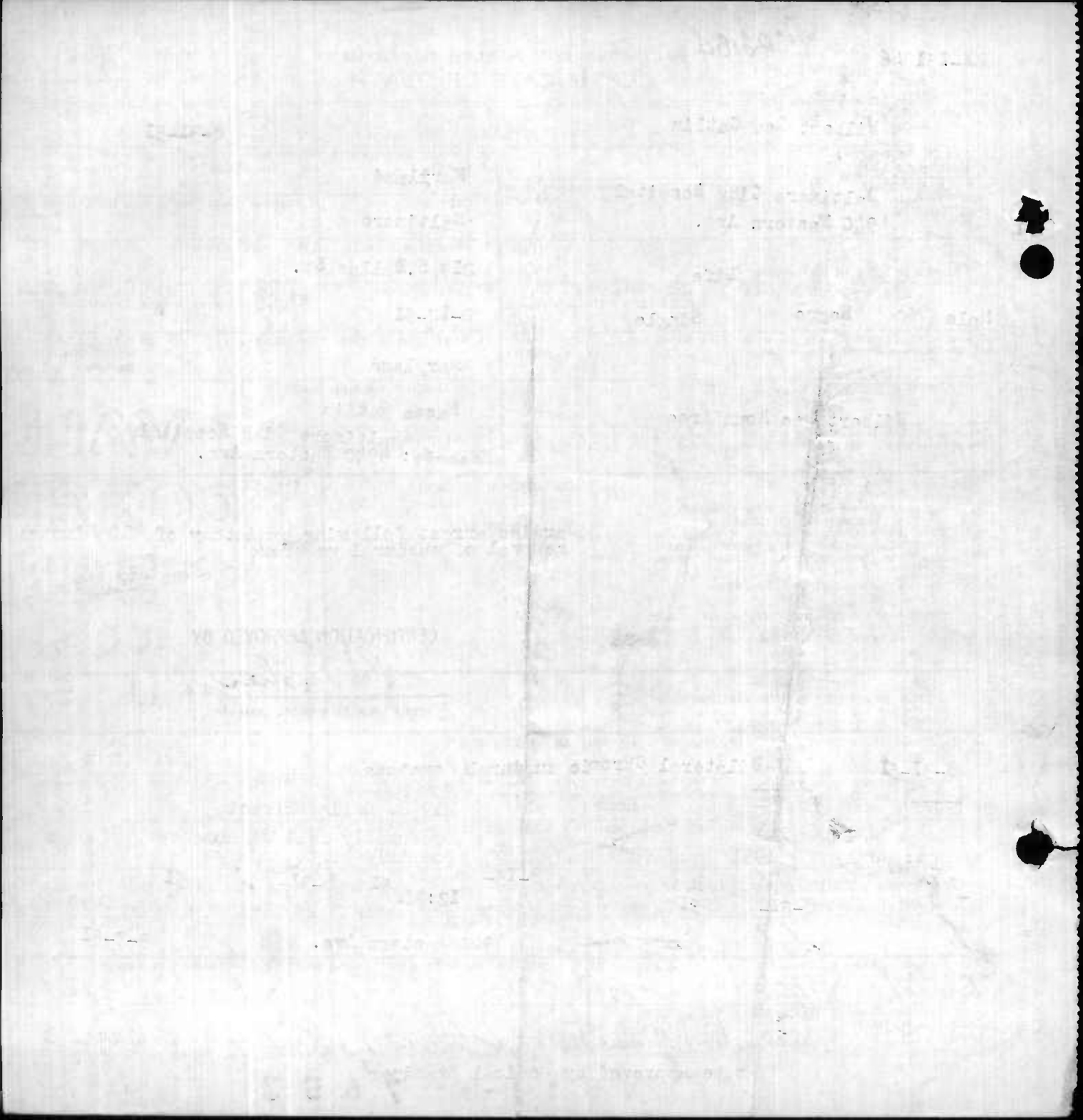
To be approved by Medical Examiner

N- 854.9

151 000 7653

160a





51 7669

51 7669

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. N-400

1. NAME OF DECEASED  
(Type or Print)

CLARA WICKS Neal 153981

2. DATE  
OF  
DEATH

SEP 3 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1733 E. Oliver St. 801

c. Length of stay in Baltimore

35 yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.

female

colored

M.

1-9-93

58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebrovascular Accident  
(Right)

4mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular  
Disease

17yrs

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 8-29-1951 to 9-3-1951, that I last saw the deceased alive on 9-3-1951, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Richard S. Ross

JOHNS HOPKINS HOSPITAL

9/3/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 - 1951

Thurston Williams, M.D.

Mrs. Robt A. Elliott &amp; Daughters

VS 150

19510007654

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1900

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

*Odome*  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7670  
Registered No.

BIRTH NO. 51 7670  
O. 352

1. NAME OF DECEASED  
(Type or Print)

*Samuel B. Odome*

2. DATE  
OF  
DEATH

*Sept 2, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

*md.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*928 Chapel St 7-04*

c. Length of stay in Baltimore

*30 yrs.*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

*Male*

*Col.*

*Married*

*Aug 7, 1901*

*50*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

*Carpenter*

*Married*

*Baker, Md. D.C.*

13. FATHER'S NAME

*Andrew Odome*

14. MOTHER'S MAIDEN NAME

*Lula Cooper*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*No*

*218-07-6720*

*Irvelle Odome 928 Chapel*

18.

*159x*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Gastric Carcinoma*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *8-15-47*, 19*47*, to *9-2-*, 19*51*, that I last saw the deceased alive on *8-1-*, 19*51*, and that death occurred at *5:20 am.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Thomas D. Williams*

*2036 W. Lombard Ave.*

*9-4-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial*

*Sept 5, 1951*

*Arbutus Memorial Park*

*Arbutus Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Thurston Williams, M.D.*

*Thurston Williams, M.D.*

*Mrs. W. H. G. Elliott's Daughter*

*Arbutus Md.*

SEP 4 - 1951

VS 150

*5701 1/2 11297 1/2 5 B 46 B*

2187

12

1914

1914

1914

1914

1914

WALLEY  
CONGRESS

BOND

LOCAL

J. S. A.

51 7671

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7671

Registered No.

BIRTH NO. J-525

1. NAME OF DECEASED  
(Type or Print)

ANNA A. JOHANSON

2. DATE  
OF  
DEATH

Sept. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR Pinecrest Nursing Home  
INSTITUTION

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3201 Juneau Place

27-01

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Oct. 27, 1875

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Sweden

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

- Sandberg

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Esther Edberg - 4408 Groveland Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cerebral Hemorrhage  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 1951, to Aug. 31, 1951, that I last saw the  
deceased alive on Aug. 31, 1951, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/5/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

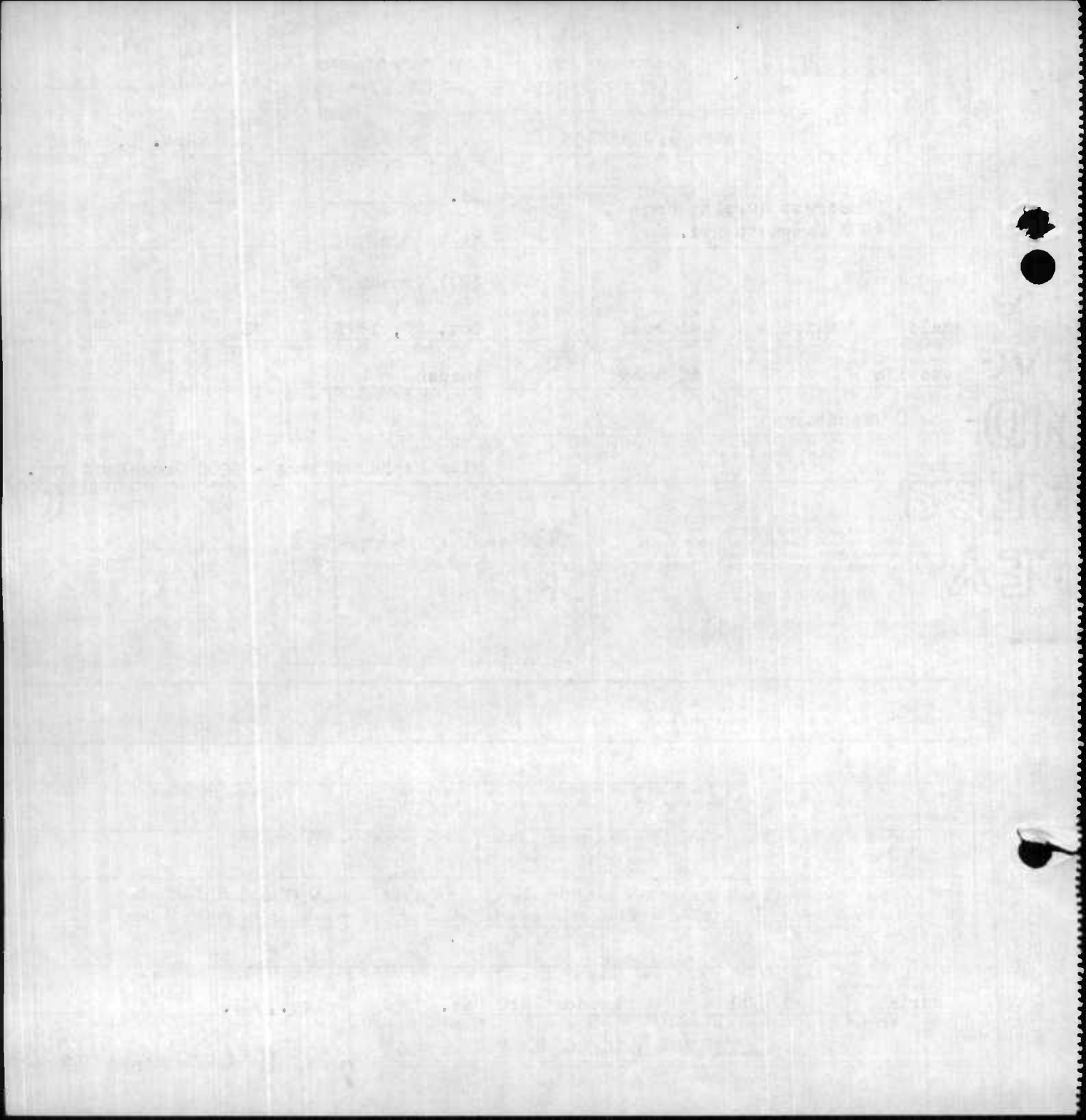
RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7672  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LILLIAN

M.

MITTENDORF

2. DATE  
OF  
DEATH

September 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8 South Carey Street

19-03

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 12, 1908

9. AGE (in years  
last birthday)

43

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Gosnell

14. MOTHER'S MAIDEN NAME

Marie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Pearl Braswell - 1921 W. North Ave.

18. 581.0 and 002X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pulmonary tuberculosis

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Deuelacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9/3/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/6/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

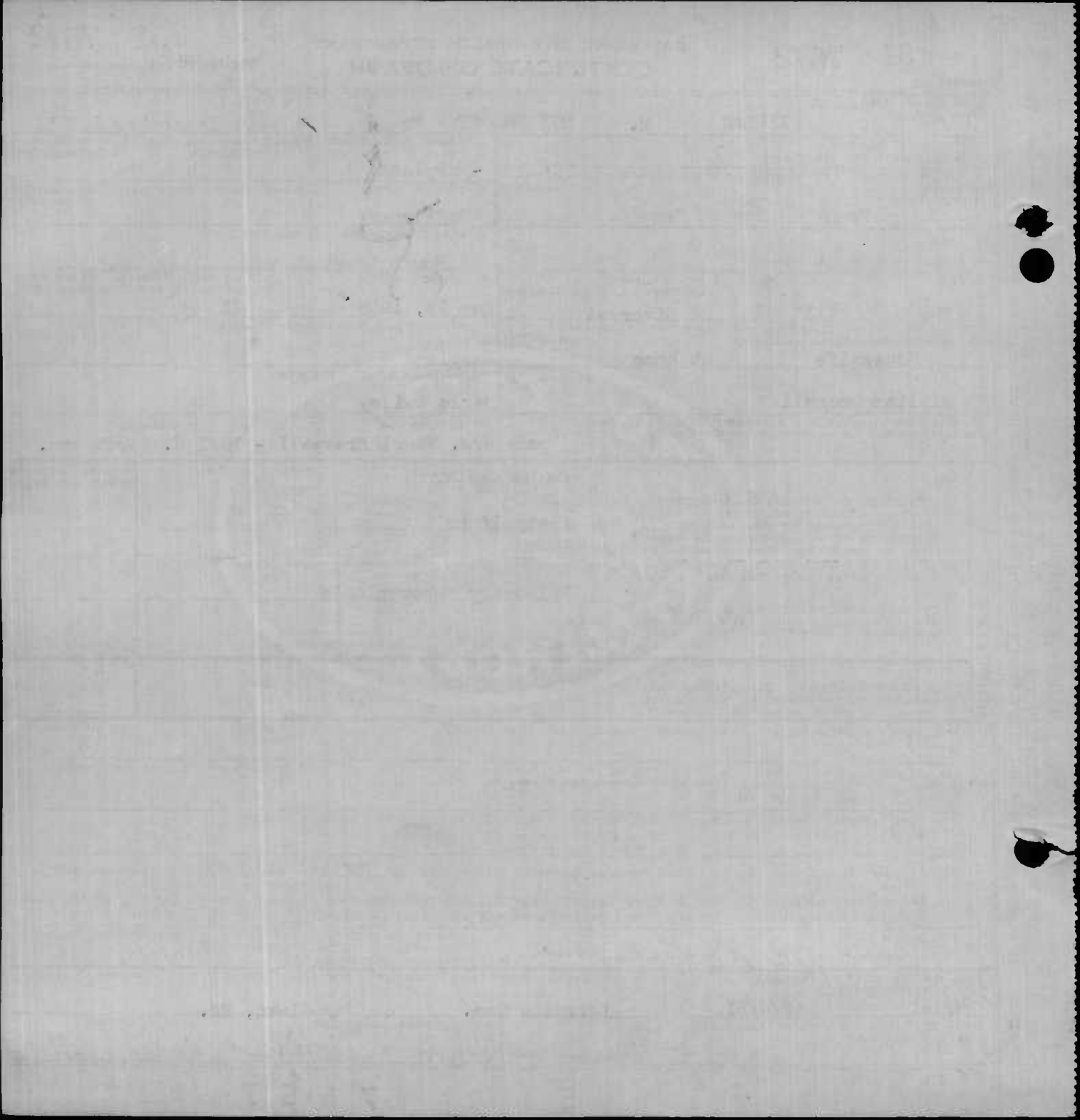
REGISTRAR'S SIGNATURE

Stanton Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner &amp; Sons - Baltimore

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7673

Registered No. \_\_\_\_\_

51 7673  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Schaal, Louis</u>			2. DATE OF DEATH <u>Aug. Sept. 30, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Good Samaritan Home</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Lifetime</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>48 Market Place 4-01</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>?</u>	8. DATE OF BIRTH <u>March 5, 1885</u>		9. AGE (In years last birthday) <u>66</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Good Samaritan Home</u>		

<p>18. <u>443x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <u>Cerebral hemorrhage + thrombosis</u> DUE TO</p> <p>(B) <u>Hypertension + arteriosclerotic cardio-vascular disease</u> DUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
--	---	---

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 15 June, 1950, to 30 Aug, 1951; that I last saw the deceased alive on 30 Aug, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Emil W. Henning Jr.</u>	23B. ADDRESS <u>601 Winans Way</u>	23C. DATE SIGNED <u>3 Sept 51</u>
--	---------------------------------------	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Sept. 3, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	24D. LOCATION (City, town, or county) (State) <u>Bry. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>Sept 4</u>		REGISTRAR'S SIGNATURE <u>Emil W. Henning Jr.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Joseph L. Ruse 1209 McCall St.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY

CONGRESS

END

100-110

U.S.A.

51 7674

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7674  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES M. ADAMS (Chas. M. Addams)

2. DATE  
OF  
DEATH

September 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

22 North Luzerne Street

C. Length of stay in Baltimore

11 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 10, 1898

9. AGE (In years

last birthday)

52

If Under 1 Year

Months; Days

If Under 24 Hours

Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Boiler Maker

10B. KIND OF BUSINESS OR INDUSTRY

Piping &amp; Equipment Co.

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Addams

14. MOTHER'S MAIDEN NAME

Mary Montry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL

SECURITY NO.

187-10-9957

17. INFORMANT

ADDRESS

Mrs. Gladys M. Addams, 22 N. Luzerne Ave. (24)

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

9/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 6/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 4 - 1951

2024 Orleans St.

VS 151

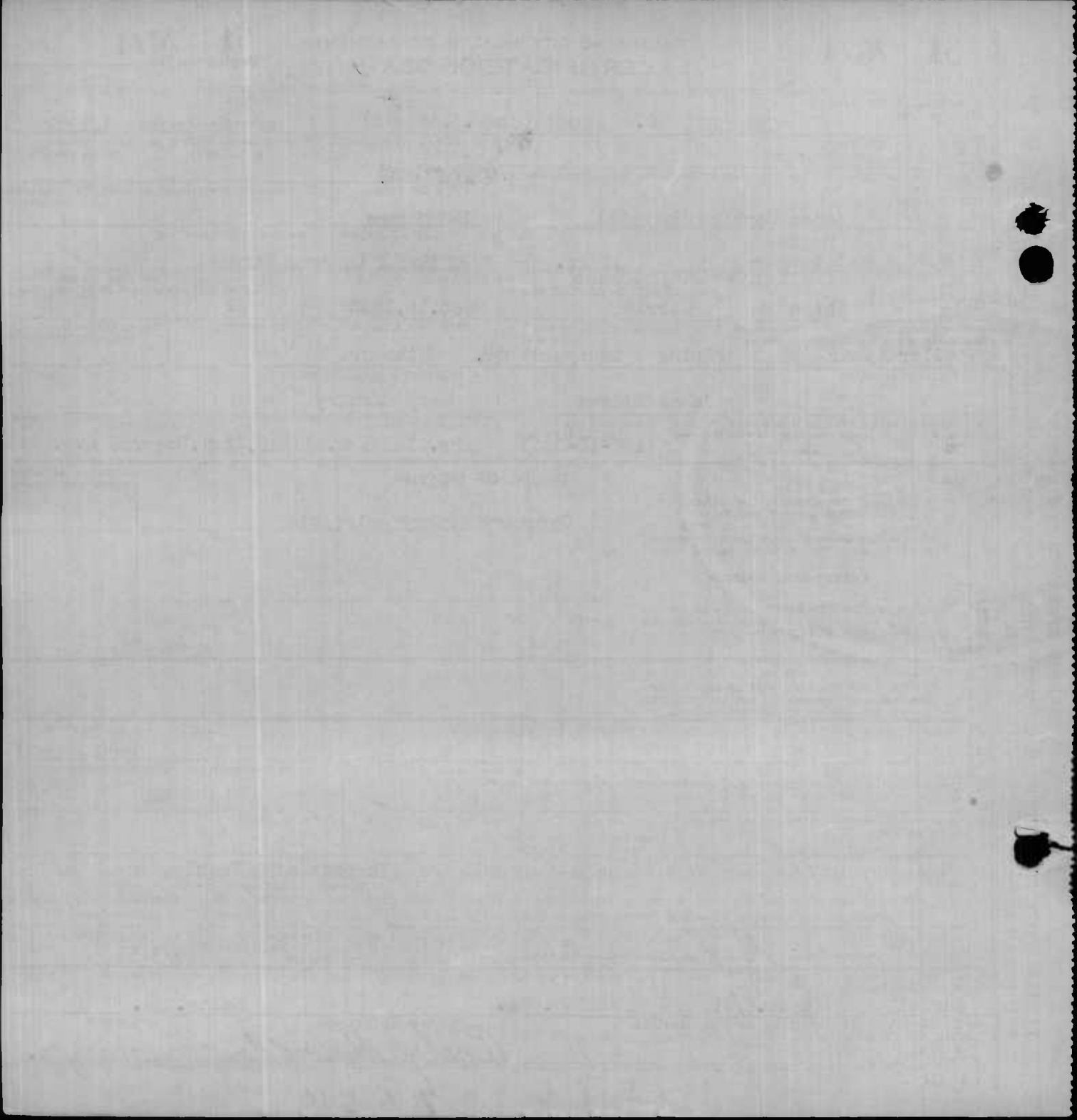
1 9 5 1 500 3 307 6 56

94a ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7675  
Registered No.

BIRTH NO. W-300

1. NAME OF DECEASED (Type or Print) <u>Carrie White</u>		2. DATE OF DEATH <u>Sept 2, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. Csl 4</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>14-03</u>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>2106 Druid Hill Ave</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-20-83</u>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (in years last birthday) <u>68</u>
10. FATHER'S NAME <u>John Preston</u>		11. BIRTHPLACE (State or foreign country) <u>md</u>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Lidia Williams</u>	
15. INFORMANT		16. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	

18. <u>443 X 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hypertensive Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
DUE TO (A) <u>Disease</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-27-</u> , 19 <u>51</u> , to <u>9-2-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-2-</u> , 19 <u>51</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Richard S. Ross</u> M.D.		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>9/3/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Sept. 5, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Albany Mem. Pk.</u>	
24D. LOCATION (City, town, or county) <u>Bald. G. Md.</u>		24E. FUNERAL DIRECTOR <u>Dr. J. J. J. J.</u>		24F. ADDRESS <u>1631 Druid Hill Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	

51 7675 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



51 7676  
T. 520BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7676  
P. 111111  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Laura E. Thomas			Sept. 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location)			A. STATE Maryland B. COUNTY					
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			Baltimore					
D. STREET ADDRESS (If rural, give location)			1904 Etting St. 14-0					
c. Length of stay in Baltimore			50 Yrs. Mos. Days					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH			9. AGE (In years last birthday)		
Female	Colored	Widow	Nov. 31, 1882			69		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
Domestic			Pot. family			Lancaster Co. Pa.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			12. CITIZEN OF WHAT COUNTRY?		
Louis Chewing			Jennie Fisher			U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
						Louis Thomas 1137 N. Stucker St.		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
			(A) Myocardial degeneration & sclerosis			2 wks.		
ANTECEDENT CAUSES			(B) Essential hypertension			1 yr.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) Generalized arteriosclerosis					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-13-1951 to 9-2-1951, that I last saw the deceased alive on 9-2-1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
E. H. Smith			1723 S. 1st St.			9-4-51		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			Sept. 7, 1951			Arbuthnot Mem. Pk.		
24D. LOCATION (City, town, or county) (State)			24E. FUNERAL DIRECTOR			24F. ADDRESS		
Baltimore Co. Md.			Holland Funeral Home			1631 Druid Hill Ave.		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR ADDRESS		
SEP			[Signature]			[Signature]		



51 7677		BALTIMORE CITY HEALTH DEPARTMENT		51 7677	
BIRTH NO. W. 325		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Sallie Beatrice Gordon</i>			2. DATE OF DEATH <i>Sept. 1, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1711 Edmondson Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-01</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1711 Edmondson Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Apr. 15, 1886</i>	9. AGE (In years last birthday) <i>65</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Green Bay, Wis.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>1711 Edmondson Ave.</i>		
18. <i>002 x I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Far advanced pulmonary tuberculosis</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO (C)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-28-51</i> , to <i>Sept. 1, 1951</i> , that I last saw the deceased alive on <i>Sept. 1, 1951</i> , and that death occurred at <i>11-30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. W. Anderson</i>		23B. ADDRESS <i>1614 Edmondson Ave.</i>		23C. DATE SIGNED <i>9-4-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept. 6, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wt. Zion</i>	
24D. LOCATION (City, town, or county) (State) <i>Bald Co. Md.</i>		24E. FUNERAL DIRECTOR <i>Shallan Funeral Home</i>		24F. ADDRESS <i>1631 Fried Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 11 1951</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR <i>Shallan Funeral Home</i>	



STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONS

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

51 7678

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7678

Registered No.

BIRTH NO.

H-400

1. NAME OF DECEASED  
(Type or Print)

Willie May Hall

2. DATE  
OF  
DEATH

Sept. 1, '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Cpl 4

4. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 1303

D. STREET ADDRESS (If rural, give location)

2432 Mc Culloch St -

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-28-90

9. AGE (In years last birthday)

61 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Colona Hall

14. MOTHER'S MAIDEN NAME

Hannah Floyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

442x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA

DUE TO

14y

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Renal Disease

DUE TO

8yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from Aug 27, 1951, to Sept. 1, 1951, that I last saw the deceased alive on Sept. 1, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Ross

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Halland Funeral Home

1631 Druid Hill Ave.

VS 150

2510007663

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Sept 21

1892

109

13

2432 1/2

109

109

109

51 7679

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7679

Registered No.

BIRTH NO. M-500

1. NAME OF DECEASED  
(Type or Print)

Mrs. Ella Virginia Mumaw

2. DATE  
OF  
DEATH

September 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Ardleigh Nursing Home  
Girard and Parkdale Avenues

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

829 Union Avenue

13-07

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 6, 1876

9. AGE (In years

last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

U S A

13. FATHER'S NAME

John W. Lewis

14. MOTHER'S MAIDEN NAME

Sarah Jane Boblitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lawrence E. Mumaw

ADDRESS

3327 Falls Road

18.

332 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident  
(thrombosis)

DUE TO

Two days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cerebral arterio-sclerosis

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

15 yrs known

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1943 to Sept. 3, 1951, that I last saw the deceased alive on Dec. 28, 1951, and that death occurred at 12:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

L. Wallerstein M.D.

23B. ADDRESS

848 W. 36th St.

23C. DATE SIGNED

9-4-51

24A. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

24B. DATE

Sept. 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Hampden

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 4 - 1951

REGISTRAR'S SIGNATURE

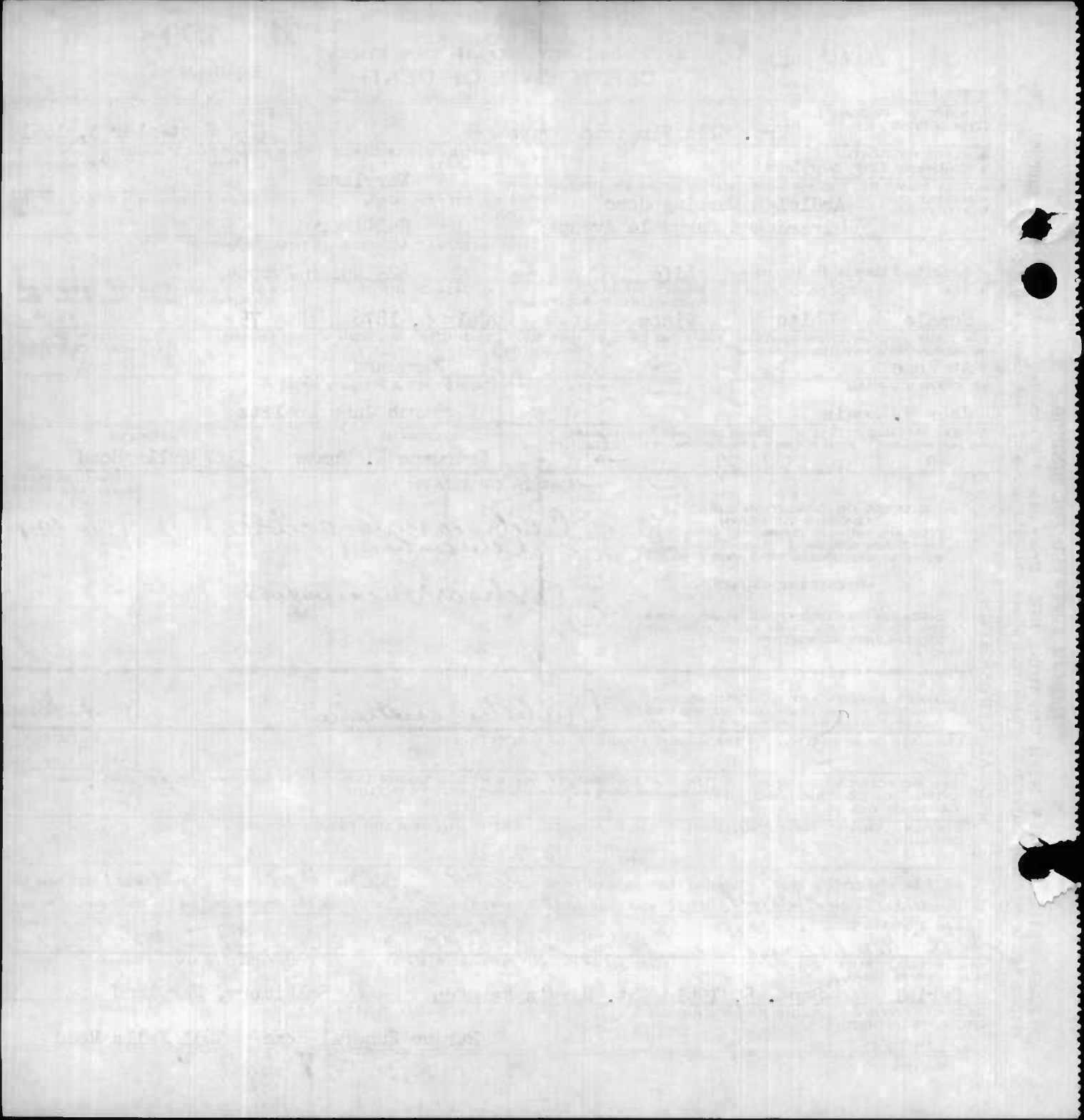
25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

Thorace F. Burge





51 7680

51 7680

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ALEXANDER H. SCHULTZ DUNCAN

2. DATE  
OF  
DEATH

SEPT. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5211 ELMER AVE.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

5211 ELMER AVE. 27-18

c. Length of stay in Baltimore

10

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

July 23

9. AGE (In years,  
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR  
INDUSTRY

BETHLEHEM STEEL CO.

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES L. DUNCAN.

14. MOTHER'S MAIDEN NAME

MOLLIE CUMMINGS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

218-03-8020

17. INFORMANT

ADDRESS

MRS. NOMA Y. DUNCAN - 5211 ELMER AVE.

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 9/2, 1951 that I last saw the  
deceased alive on 7/1, 1951, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thos. Cooper

M. D.

23B. ADDRESS

2201 Eataw Place

23C. DATE SIGNED

9/4/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT. 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE PARK CEM.

24D. LOCATION (City, town, or county)

WOODLAWN, BALTO. CO., MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Young &amp; Sons

ADDRESS

1151

5005 PARK HEIGHTS AVE

VS 150

51030

007665

13B

PLEASE WRITE legibly, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



20

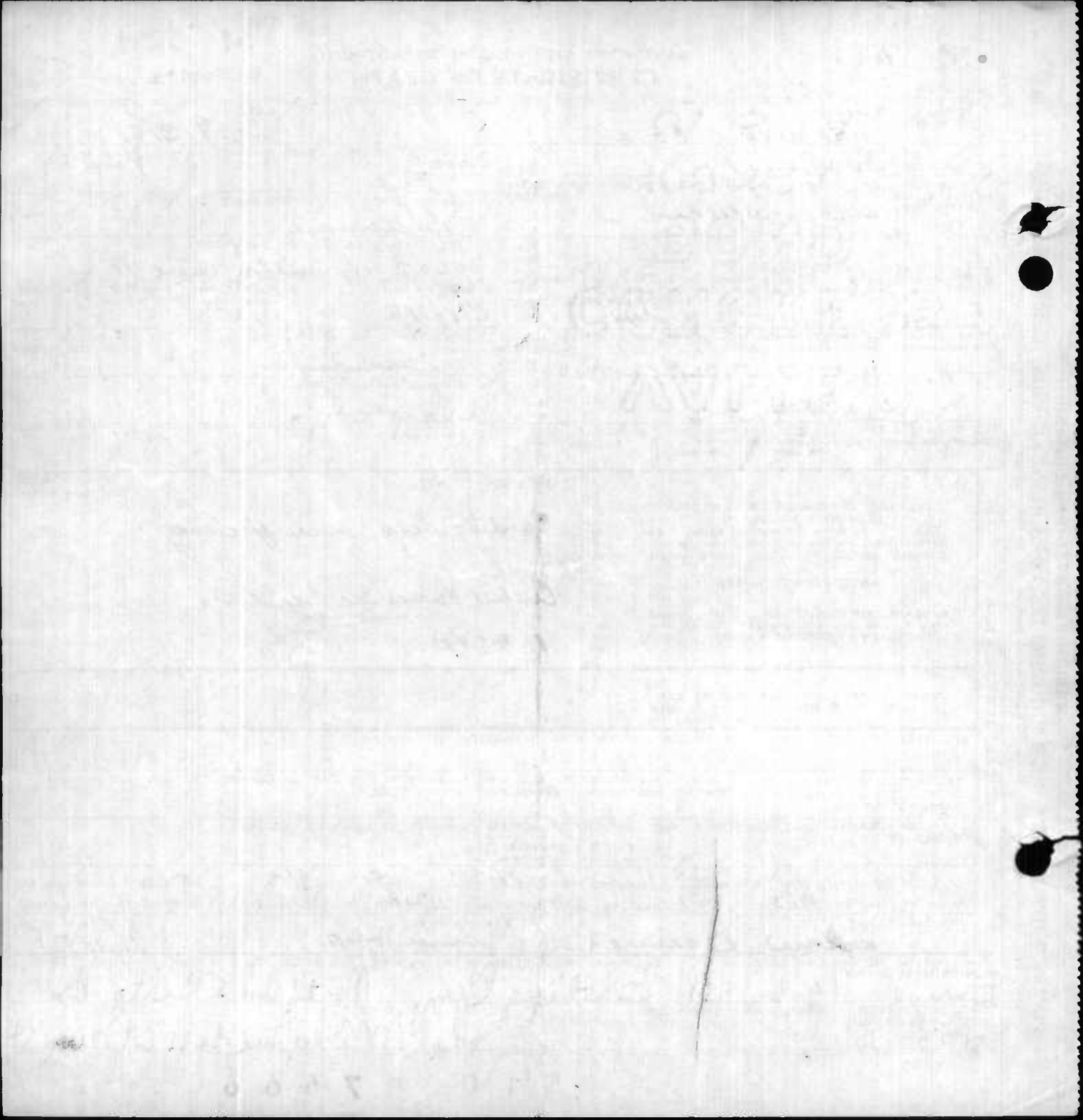
20

For Annual Report of 1911  
1911

51 7681  
BIRTH NO. B-200BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7681  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>HERMINE BECK</b>			2. DATE OF DEATH <b>9/3/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF INSTITUTION (If not in hospital or institution, give street address or location) <b>SINAI HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>56 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>5602 Hamilton Ave #6</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>11/18/76</b>	9. AGE (In years last birthday) <b>75</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Julius Hube</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardio-Respiratory insufficiency</b>			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (A)					
DUE TO (B) <b>Cerebrovascular accident embolism</b>					
DUE TO (C) <b>IXA LVA</b>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/29</b> , 1951, to <b>9/3</b> , 1951, that I last saw the deceased alive on <b>9/3</b> , 1951, and that death occurred at <b>11:30 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edou Danner M.D.</b>		23B. ADDRESS <b>Amici Hosp</b>		23C. DATE SIGNED <b>9/3/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24B. DATE <b>9-6-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cem</b>		24D. LOCATION (City, town, or county) (State) <b>North Ave. Balto Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5 - 1951</b>		REGISTRAR'S SIGNATURE <b>John C. Mally</b>		25. FUNERAL DIRECTOR ADDRESS <b>John C. Mally Inc - 2435 E. Olney St</b>	



T-460 51 7682

51 7682

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

ND-151787  
BIRTH NO. 51-17789

1. NAME OF DECEASED (Type or Print) <b>Linwood (N) Taylor</b>			2. DATE OF DEATH <b>Sept. 2, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>X</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-36</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>5716 Bluebird Lane (24)</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 9, 1951</b>	9. AGE (In years last birthday) <b>25</b>	H Under 1 Year Months: Days <b>25</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>none</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Linwood Taylor</b>			14. MOTHER'S MAIDEN NAME <b>Flora Elizabeth Barksdale</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>			ADDRESS		

18. <b>762.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Massive Atelectasis</b> DUE TO (A) <b>Massive Atelectasis</b> (B) _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH <b>4 Days</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>2</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-30</b> , 19 <b>51</b> , to <b>9-2</b> , 19 <b>51</b> that I last saw the deceased alive on <b>9-2</b> , 19 <b>51</b> and that death occurred at <b>12:30am</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>J. H. Rogers</b> M. D.		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>9-3-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-5-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Brooklyn Cem.</b>	
24D. LOCATION (City, town, or county) <b>Brooklyn Md</b>		24E. (State) _____			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5 - 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Williams</b>		25. FUNERAL DIRECTOR <b>Thos. P. Wilson</b> ADDRESS <b>1000 Beantley</b>	

VS 150

510207667 161a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.



51 7683

51 7683

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY A. ZINNER

2. DATE  
OF  
DEATH

9/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2821 Boarman Ave. #15

c. Length of stay in Baltimore

35 yrs.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1888

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Jewelry

11. BIRTHPLACE (State or foreign country)

Rumania

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Bernard Zinner

14. MOTHER'S MAIDEN NAME

Mitzie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gussie Zinner- 2821 Boarman Avenue

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Carcinoma of Prostate

(B)

DUE TO

metastases

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

H. E. V. D.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/14, 1951, to 9/3, 1951, that I last saw the deceased alive on 9/3, 1951, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/5/51

24C. NAME OF CEMETERY OR CREMATORY

Chizuk Amuno Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 5 - 1951

VS 150

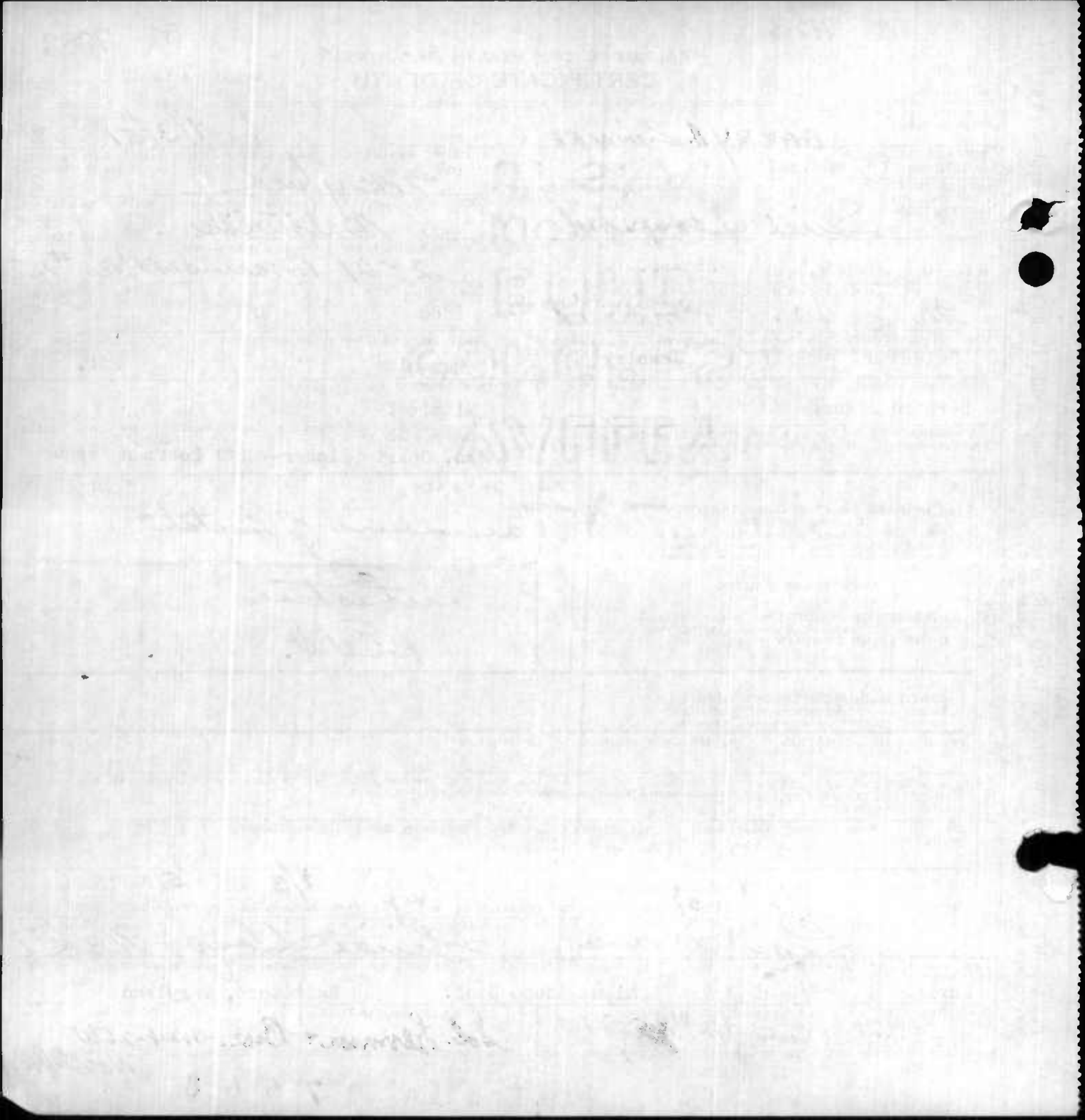
Sol. Levinson &amp; Bros. - 7124-26 W. North Ave.

49868 000766 BTB

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





400 51 7684

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7684  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Amalia M. Gyula

2. DATE  
OF  
DEATH

Sept. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2749 Prospect St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

16-06

D. STREET ADDRESS (If rural, give location)

2749 Prospect

c. Length of stay in Baltimore

5 Yrs.

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

2.2.1876

9. AGE (In years  
last birthday)

75

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

NO

17. INFORMANT

ADDRESS

Mrs. Mary Ammer 2749 Prospect St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Hemiplegia

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Arteriosclerotic Cardiovascular  
renal diseaseINTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Sept 4, 1951, that I last saw the  
deceased alive on Sept 3, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. Shorofsky M.D.

M. D.

23B. ADDRESS

4734 Park Hgts Ave

23C. DATE SIGNED

Sept 4, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

9.5.51

24C. NAME OF CEMETERY OR CREMATORY

Fisher-Owens Funeral Home Pittsburg Pa.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave..

SEP 5 - 1951

VS 150

19510007660

131a



51 7685

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7685

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DELIA THERESA BRENNAN

2. DATE  
OF  
DEATH

9-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Jenkins Memorial Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

506 E. 27th Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1883

9. AGE (In years last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr. John F. Brennan-506 E. 27th St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) CORONARY OCCLUSION

DUE TO CEREBRAL ARTERIO SCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE ARTERIO SCLEROTIS

DUE TO CARDIO VASC. DISEASE

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to SEPT 3, 1951, that I last saw the deceased alive on SEPT 3, 1951, and that death occurred at 5:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. Kniff

M. D.

23B. ADDRESS

St. Johns Hosp.

23C. DATE, SIGNED

9/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-7-51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 5-1951

REGISTRAR'S SIGNATURE

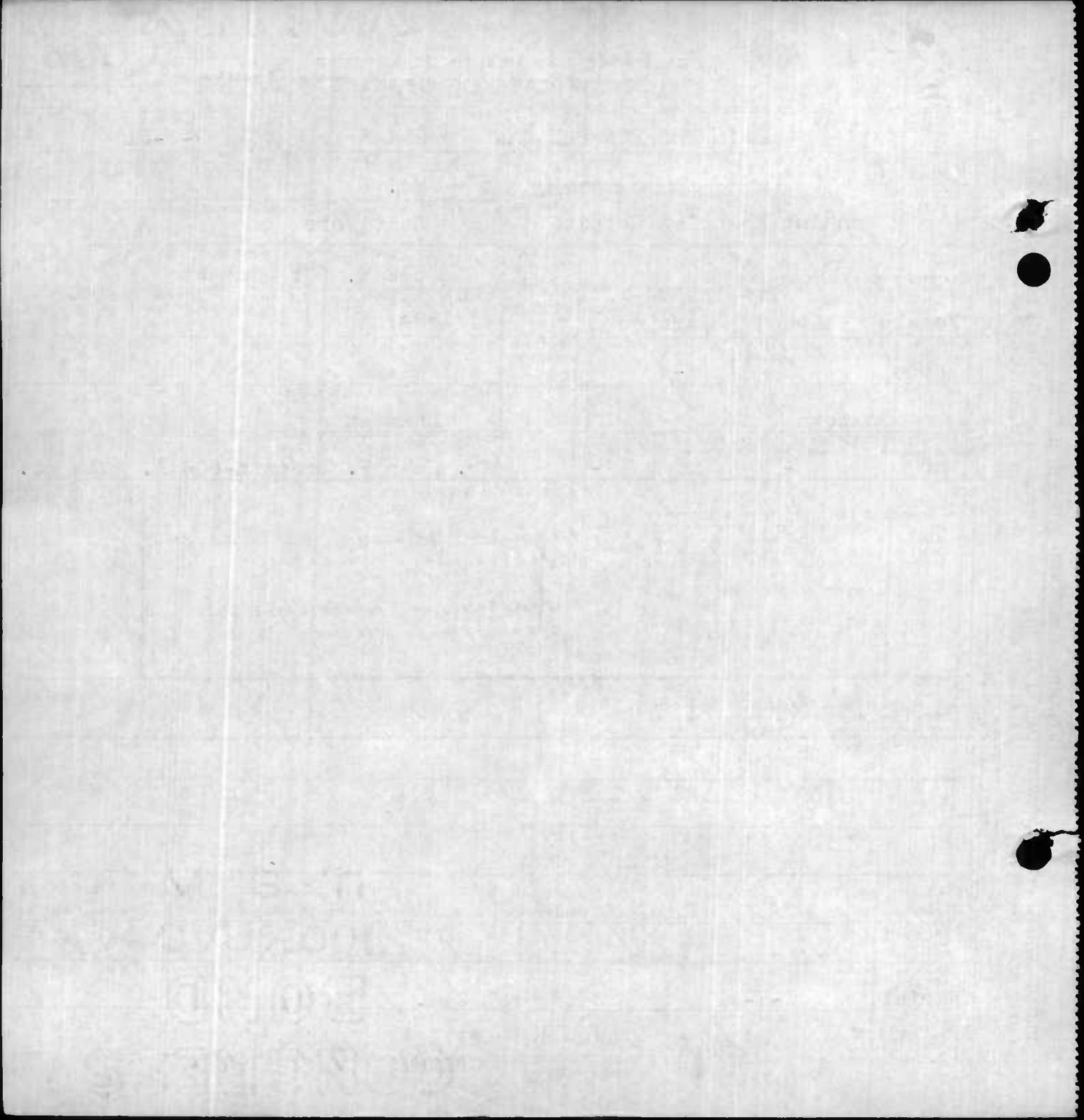
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WIEDEFELD &amp; SON

ADDRESS

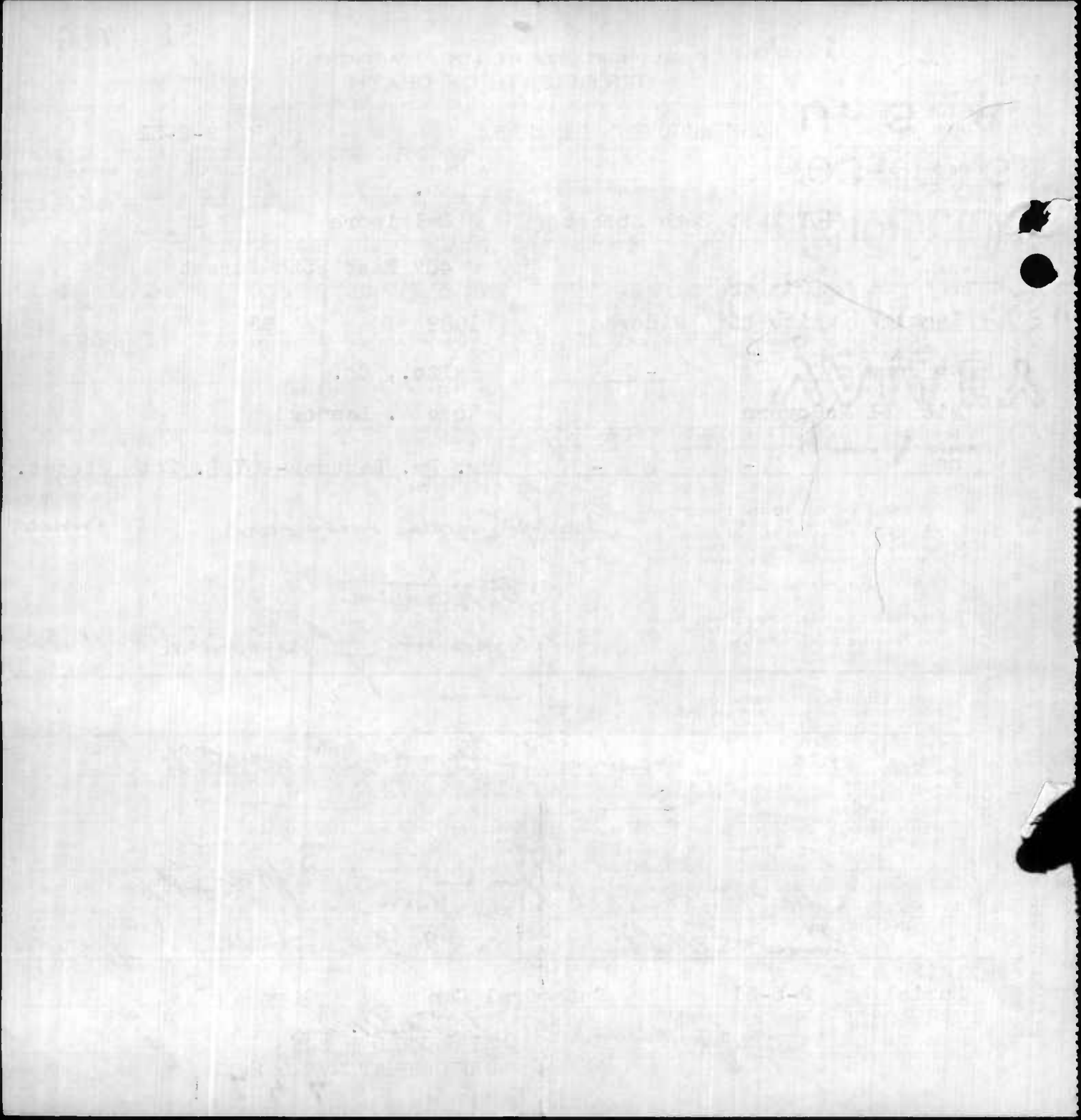
GREENMOUNT AVE &amp; 22ND



51 7686		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 7686	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROSE MCGOVERN LANAHAN		9-2-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 407 East 25th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 407 East 25th Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1888	9. AGE (in years last birthday) 63	11 Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY -		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Michael McGovern		14. MOTHER'S MAIDEN NAME Rose A. Leanord			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Mr. Wm. Lanahan-407 E. 25th Street.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 153X Gastric Carcinoma		CAUSE OF DEATH Gastric Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 5 mos.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) Obitastia DUE TO Carcinoma of Sigmoid		18 mos	
19A. DATE OF OPERATION March 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid gland 95%		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1950, to Sept 2, 1950, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 8:15 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Thomas M. White		23B. ADDRESS 309 Greenmount Ave		23C. DATE SIGNED 9/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-5-51		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem	
24D. LOCATION (City, town, or county) (State) City		25. FUNERAL DIRECTOR WIEDEFELD & SON		ADDRESS GREENMOUNT AVE & 22ND	
DATE RECEIVED BY LOCAL REGISTRAR SEP 5-1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

510007671 46E





L-320 51 7687

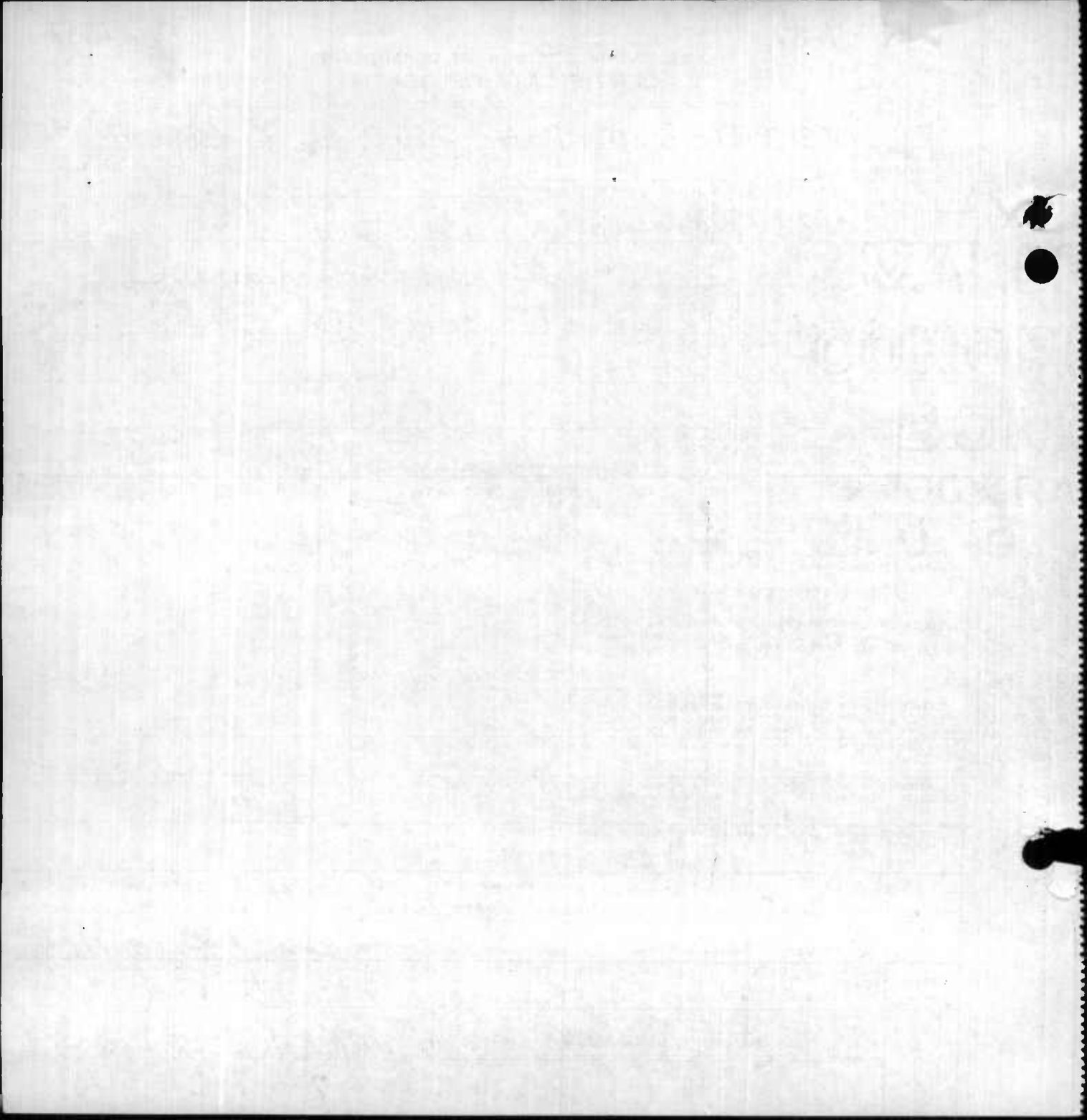
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 7687

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>JOSEPHINE-JOSEPHA-LUDWIG</b>		2. DATE OF DEATH <b>Sept 4<sup>th</sup> 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>md</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3129 Lawnview Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 8-01</b>			
c. Length of stay in Baltimore <b>61</b> Yrs. <b>None</b> Days		D. STREET ADDRESS (If rural, give location) <b>3129 Lawnview Ave</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 19-18 73</b>	9. AGE (in years last birthday) <b>77</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>John Seebauer</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT ADDRESS <b>Catherine Klingenstein 3129 Lawnview</b>	
18. <b>760 X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <b>arteriosclerotic Heart Disease</b>		<b>Syso.</b>	
ANTECEDENT CAUSES		(B) _____		_____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <b>Diabetes mellitus</b>		<b>Syso.</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		_____		_____	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug 1, 1947</b> , to <b>Sept 3, 1951</b> , that I last saw the deceased alive on <b>Sept 2, 1951</b> , and that death occurred at <b>4:30 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert Sawyer</b>		23B. ADDRESS <b>4808 Harford Rds</b>		23C. DATE SIGNED <b>9/4/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept 6-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto Md.</b>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <b>Mr. Mrs. John H. Tenfelde</b>		ADDRESS <b>5311 Edmond Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5-1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		VS 150	

510 767 261 Ave.



51 7688

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7688

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MADRID PAE SHEETS

2. DATE  
OF  
DEATH

9-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Md.

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Sinai Hosp. of Balto.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-03

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

326 E. 26th St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 17, 1901

9. AGE (In years  
last birthday)

50

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Confectionary

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Sheets

14. MOTHER'S MAIDEN NAME

Sarah C. Foutz -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.  
216-20-3813

17. INFORMANT

ADDRESS

Mrs. Sarah C. Sheets - 326 E. 26th St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

pre-renal uremia

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

metabolic imbalance

10 days

(C) DUE TO

prolonged hypertension.

10 days

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of cervix, gr. IV

5 months

19A. DATE OF OPERATION

9-24-51

19B. MAJOR FINDINGS OF OPERATION

Bt hydromephrosi

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1951, to 9-3, 1951, that I last saw the  
deceased alive on 12-30-51 and that death occurred at 12-30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. M. Williams

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

9-3-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/6/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

B. M. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thos. J. Lickner &amp; Sons

SEP 5 - 1951

VS 150

3956A0007673 Balto, Md.  
48a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be reported as supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>CHARLES E. LEWIN</b>		2. DATE OF DEATH <b>SEPT. 3, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Catonsville</b>	
C. Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>44 Prospect Ave., Edmondson Ridge</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>2/16/01</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		9. AGE (In years last birthday) <b>50</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Gov't.</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE, MD</b>	
13. FATHER'S NAME <b>CHARLES E. LEWIN, SR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Helen N. Lewin - 44 Prospect Ave.</b>		ADDRESS <b>Catonsville 28, Md.</b>	

18. <b>154X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CARCINOMA OF RECTUM</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24RS.</b>
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)

19A. DATE OF OPERATION <b>Aug. 31, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>GENERALIZED CARCINOMATOSIS</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>NONE</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/27/51</b> , 19__, to <b>9/3/51</b> , 19__, that I last saw the deceased alive on <b>9/3/51</b> , 19__, and that death occurred at <b>9:55P</b> m., from the causes and on the date stated above.					
22a. SIGNATURE <b>Raymond L. Bennett</b>		22b. ADDRESS <b>Mercy Hospital</b>		22c. DATE SIGNED <b>9/3/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>9/6/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Western Ceph.</b>	
24D. LOCATION (City, town, or county) <b>Balto., Md.</b>		24E. LOCATION (City, town, or county) <b>Balto., Md.</b>		24F. LOCATION (City, town, or county) <b>Balto., Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Williams, M.D.</b>	
ADDRESS <b>46 D Balto., Md.</b>		ADDRESS <b>46 D Balto., Md.</b>		ADDRESS <b>46 D Balto., Md.</b>	



WALTER

B-300 51 7690

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7690

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Blanch Emil Booth

2. DATE  
OF  
DEATH

3 Sept '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
A. STATE B. COUNTY before admission)

Mary land

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 12-01

D. STREET ADDRESS (If rural, give location)

3902 Canterbury Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 8, 1879

9. AGE (In years  
last birthday)

72

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

house wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York, N. Y.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George A. Scofield

14. MOTHER'S MAIDEN NAME

Martha Cronk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. William Hahn - 3902 Canterbury Rd.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

CEREBROVASCULAR ACCIDENT

?

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9-2, 1957, to 9-3, 1957, that I last saw the  
deceased alive on 9-3, 1957, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

9-3-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/6/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 5 - 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner &amp; Sons - Balt. Md.

ADDRESS

VS 150

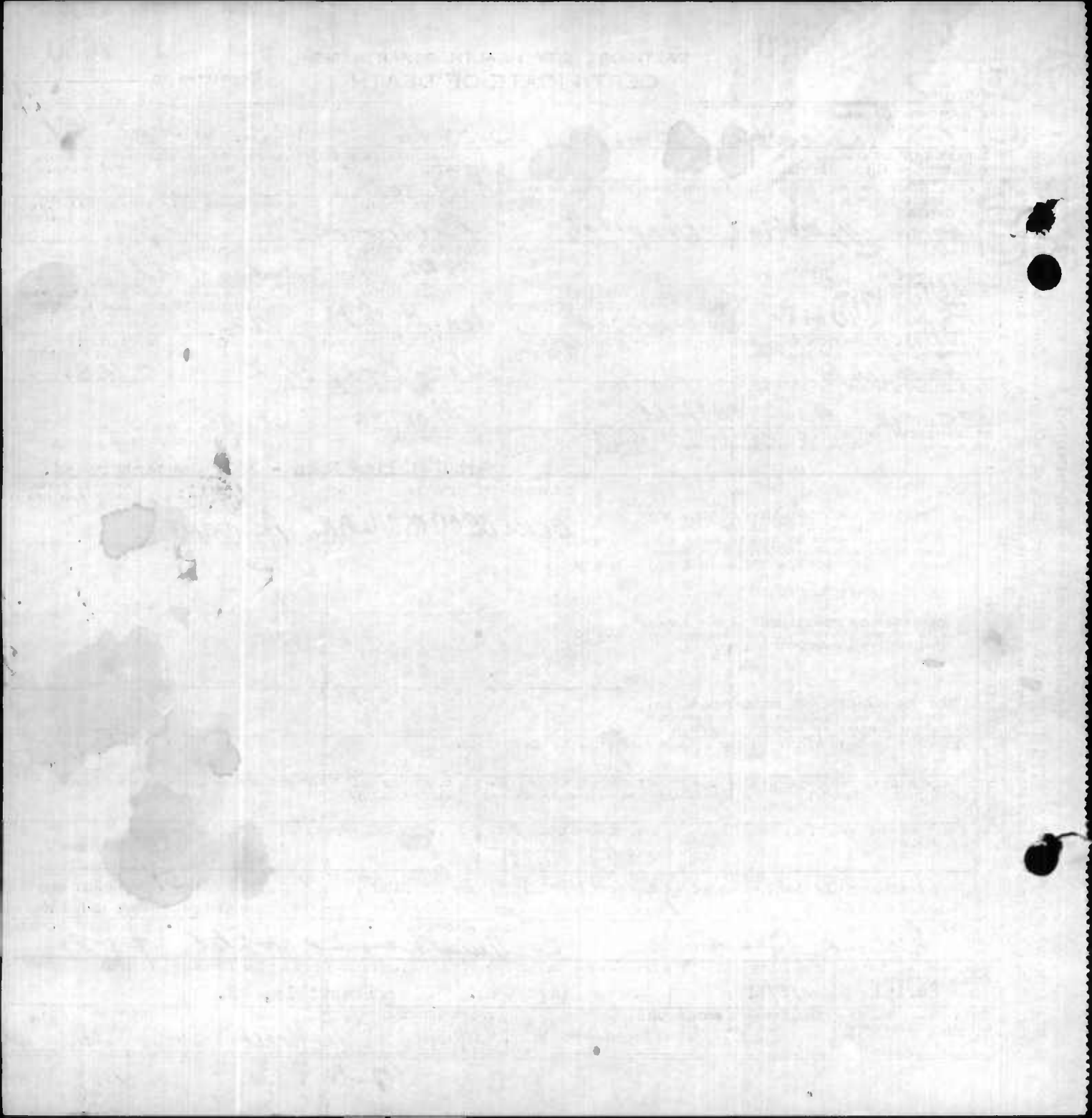
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83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

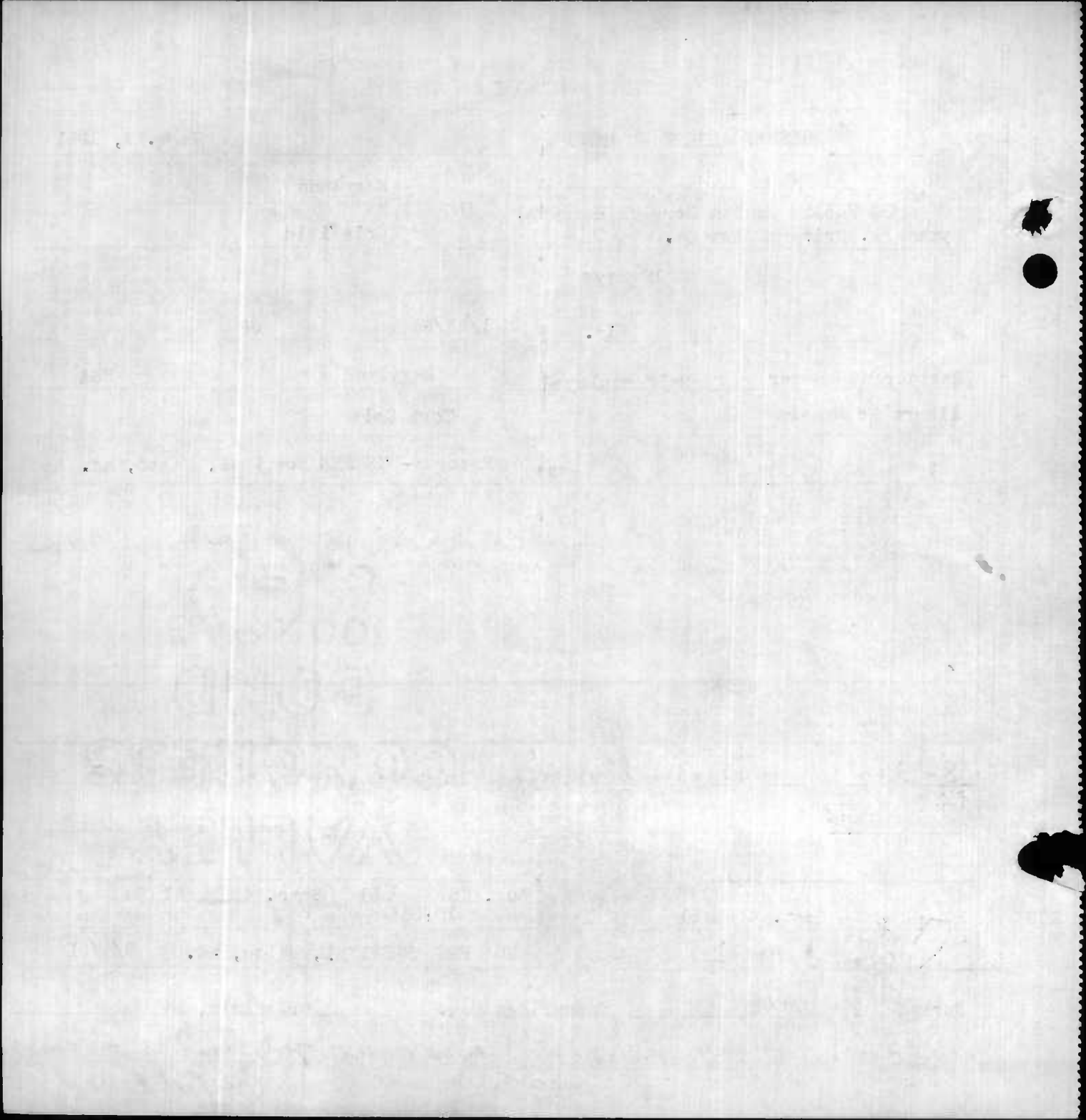
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>FREEMAN ALBERT MC NAMARA</b>			2. DATE OF DEATH <b>Sept. 4, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Dorchester</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Crisfield</b>		
c. Length of stay in Baltimore <b>10 days</b>			D. STREET ADDRESS (If rural, give location) <b>6932</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>1/23/93</b>		9. AGE (In years last birthday) <b>58</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant keeper</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Albert Mc Namara</b>		
14. MOTHER'S MAIDEN NAME <b>Cora Cole</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b> (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>		

18. <b>541.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Antecedent Causes</b>		CAUSE OF DEATH (A) <b>Duodenal ulcer with obstruction and paralytic ileus</b> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>8-31-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Duodenal ulcer, obstruction, paralytic ileus</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug. 25</b> , 19 <b>51</b> to <b>Sept. 4</b> , 19 <b>51</b> that I last saw the deceased alive on <b>Sept. 4</b> , 19 <b>51</b> , and that death occurred at <b>10:56 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James M. Severson</b>		23B. ADDRESS <b>US PHS HOSPITAL, Balto, Md.</b>		23C. DATE SIGNED <b>9/4/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/7/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Crisfield, Md</b>		25. FUNERAL DIRECTOR ADDRESS <b>Bradshaw Funeral Home</b> <b>117B Crisfield Md</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5-1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, Md</b>			

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Victor J. Bock*2. DATE  
OF  
DEATH*9/3/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)*1733 W. Pratt St.*

C. Length of stay in Baltimore

*Life*Yrs.  
Mos.  
Days

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*8/31/1920*

9. AGE (in years

last birthday)

*31*If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Clerk*10B. KIND OF BUSINESS OR  
INDUSTRY*Bartgis Bros*

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*12. CITIZEN OF  
WHAT COUNTRY?*U.S.A*

13. FATHER'S NAME

*Victor J. Bock**Box 60 (M)*

14. MOTHER'S MAIDEN NAME

*Marie C. Dowd*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)*Yes*

(If yes, give war or dates of service)

*World War II*16. SOCIAL  
SECURITY NO.*-*

17. INFORMANT

*Mrs Marie C. Bock*

ADDRESS

*1733 W. Pratt St.*

18.

*420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

*Coronary Thrombosis*  
*Due to second attack 9-3-51 -*INTERVAL BETWEEN  
ONSET AND DEATH*3 mos.*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

*9/6/51*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-3*, 19*51* to *9-3*, 19*51*, that I last saw the  
deceased alive on *9-3*, 19*51*, and that death occurred at *2:40 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Mark Schreiber*

M. D.

23B. ADDRESS

*548. Fulton Ave*

23C. DATE SIGNED

*9-4-51*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*9/6/51*

24C. NAME OF CEMETERY OR CREMATORY

*New Cathedral Cem.*

24D. LOCATION (City, town, or county)

*4300 Old Frederick Rd.*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Walter Williams, M.D.*

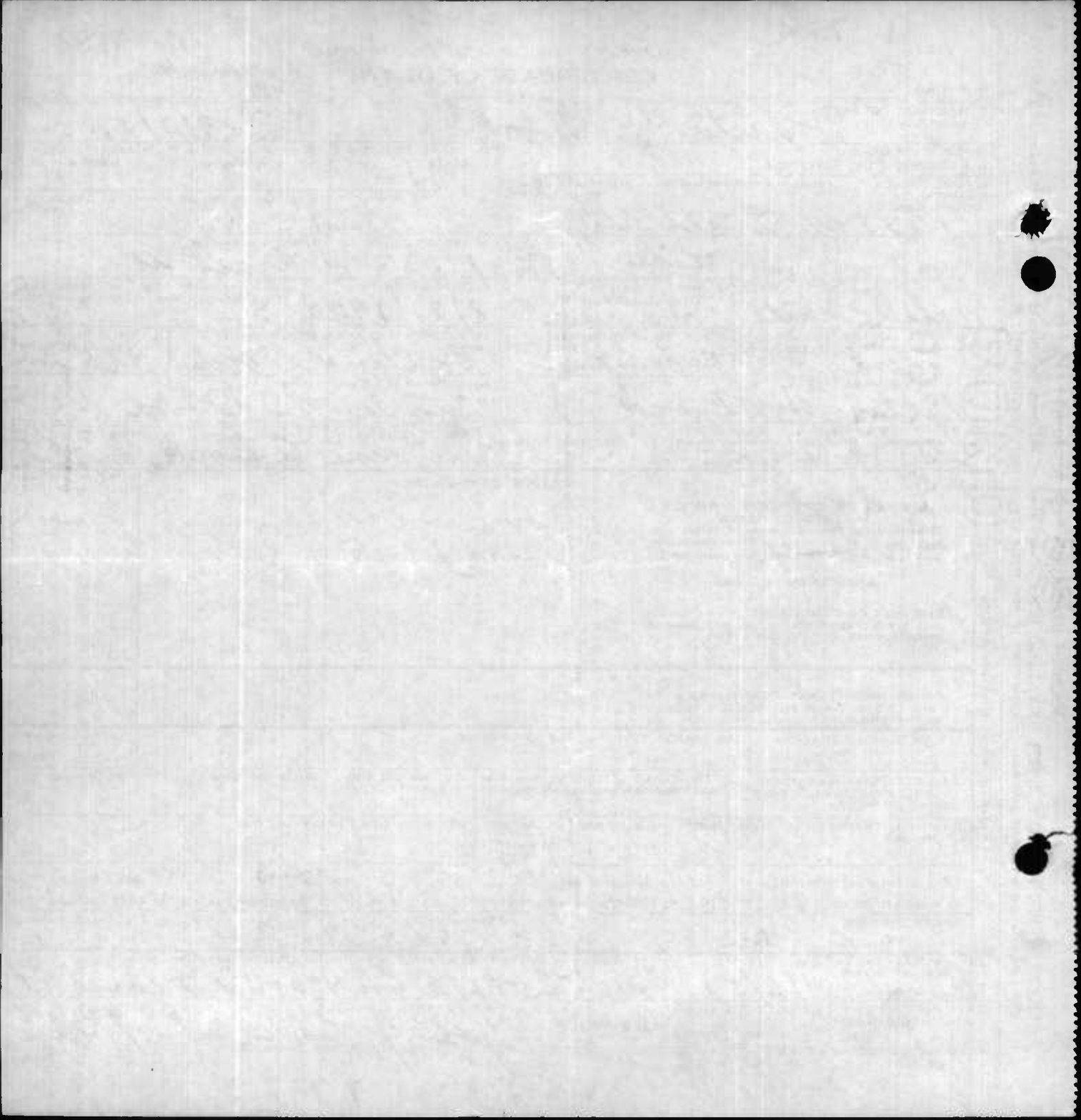
25. FUNERAL DIRECTOR

*John J. Cowan & Son*

ADDRESS

*201 St.*





Z-140

51 7693

CERTIFICATE CORRECTED 9-13-51

51 7693

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LEO (Zeeppf) ZOEPFL

2. DATE  
OF  
DEATH

9/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. In institution: residence  
A. STATE B. COUNTY before admission)

MD

BALTO

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

27-10

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

717 GLENNWOOD AVE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE (MARRIED)  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 7, 1912

9. AGE (In years  
last birthday)

39

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Brewer

10B. KIND OF BUSINESS OR  
INDUSTRY

Brewing

11. BIRTHPLACE (State or foreign country)

Baltimore - MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Antone Zeeppf

14. MOTHER'S MAIDEN NAME

Amena Kelberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

159x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) GASTRIC C.A.

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

6 mos. +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/9/51, 19, to 9/4/51, 19, that I last saw the  
deceased alive on 9/3, 1951, and that death occurred at 3:51 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H.C. Kamen

M. D.

23B. ADDRESS

MERCY Hosp

23C. DATE SIGNED

9/4/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 7 1951

Baltimore National

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 5 1951

Huntington Williams, M.D.

H. Jenkins, Inc. 425 York Rd

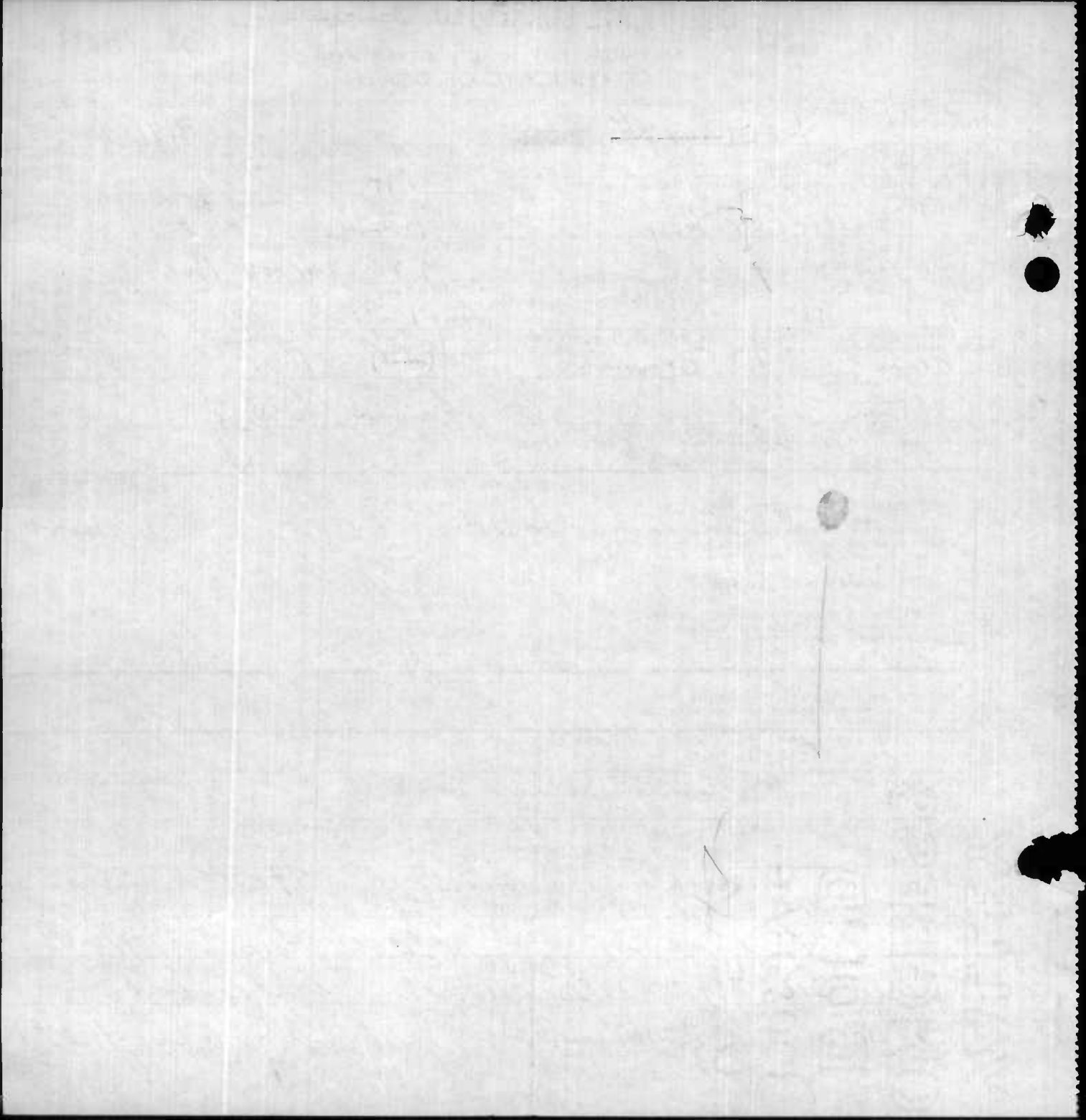
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46 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7694  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SOLOMON

JACKSON

2. DATE  
OF  
DEATH

September 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1623 Little Walsh Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Sept. 21, 1911

9. AGE (in years last birthday)

40

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Fish Market

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

Issac Jackson

14. MOTHER'S MAIDEN NAME

Delia Clatter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Carrie Harrison, 543 W. Lafayette Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

(B) Chronic alcoholism

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William V. L...*

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/7/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 5 - 1951

REGISTRAR'S SIGNATURE

*William V. L...*

25. FUNERAL DIRECTOR

*R. F. H...*

ADDRESS

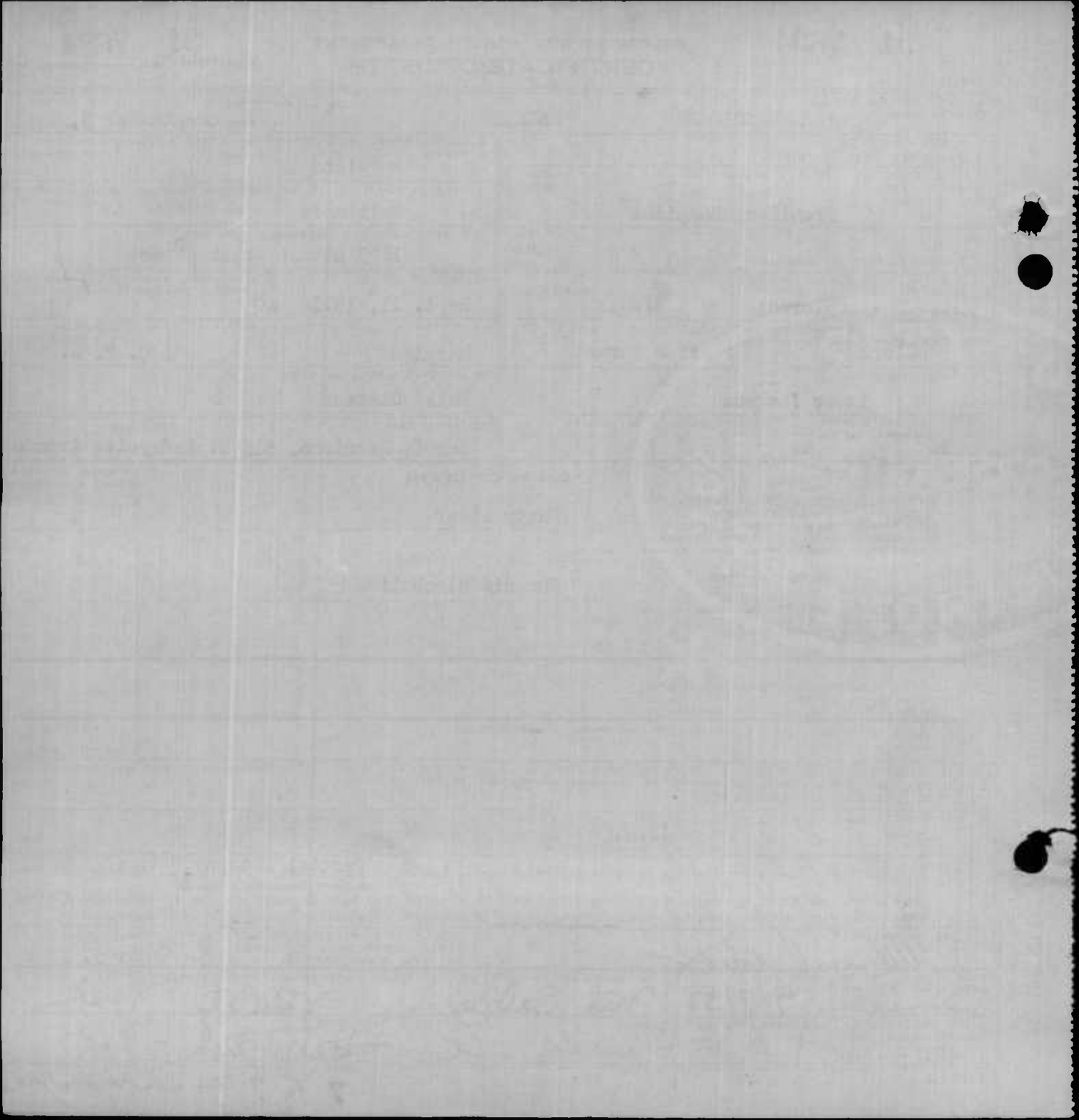
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7695  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>BENJAMIN FELDMAN</b>			2. DATE OF DEATH <b>SEPT. 4, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL OF MD, INC.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore <b>RESIDENT</b> ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3502 COTTAGE AVE.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 1883</b>		9. AGE (In years last birthday) <b>68</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>(NOT KNOWN) OPERATOR</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>UNEMPLOYED.</b>	11. BIRTHPLACE (State or foreign country) <b>EUROPE Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>BENJAMIN FELDMAN</b>			14. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT ADDRESS <b>ESTHER FELDMAN 3502 COTTAGE AVE #2</b>		

18.	<b>237 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs. 45 min</b>
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>BRAIN TUMOR</b>		<b>?</b>
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>9/4 2:30 pm 1951</b> , to <b>9/4 5:30 pm 1951</b> , that I last saw the deceased alive on <b>9/4</b> , 19 <b>51</b> , and that death occurred at <b>5:30 pm</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Ernest A. Altman M.D.</b>		23B. ADDRESS <b>Lutheran Hosp.</b>		23C. DATE SIGNED <b>Sept. 4/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>9-5-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Brooklyn U. Y.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5 - 1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Jack Lewis Inc 2100 Centau Pl</b>	



STATE OF NEW YORK  
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
JAMES J. JONES		35		M		W		JAN 15 1971		NEW YORK CITY	
MARRIAGE		DATE		PLACE		NAME		DATE		PLACE	
MARRIED		JAN 15 1965		NEW YORK CITY		JAMES J. JONES		JAN 15 1965		NEW YORK CITY	
PREVIOUS MARRIAGES		DATE		PLACE		NAME		DATE		PLACE	
NONE											
CAUSE OF DEATH		DATE		PLACE		NAME		DATE		PLACE	
HEART DISEASE		JAN 15 1971		NEW YORK CITY		JAMES J. JONES		JAN 15 1971		NEW YORK CITY	
MANNER OF DEATH		DATE		PLACE		NAME		DATE		PLACE	
NATURAL		JAN 15 1971		NEW YORK CITY		JAMES J. JONES		JAN 15 1971		NEW YORK CITY	
OCCUPATION		DATE		PLACE		NAME		DATE		PLACE	
BUSINESSMAN		JAN 15 1971		NEW YORK CITY		JAMES J. JONES		JAN 15 1971		NEW YORK CITY	
EDUCATION		DATE		PLACE		NAME		DATE		PLACE	
HIGH SCHOOL		JAN 15 1971		NEW YORK CITY		JAMES J. JONES		JAN 15 1971		NEW YORK CITY	
RELIGION		DATE		PLACE		NAME		DATE		PLACE	
CATHOLIC		JAN 15 1971		NEW YORK CITY		JAMES J. JONES		JAN 15 1971		NEW YORK CITY	
BIRTH		DATE		PLACE		NAME		DATE		PLACE	
JAN 15 1936		JAN 15 1936		NEW YORK CITY		JAMES J. JONES		JAN 15 1936		NEW YORK CITY	
FATHER		DATE		PLACE		NAME		DATE		PLACE	
JAMES J. JONES		JAN 15 1936		NEW YORK CITY		JAMES J. JONES		JAN 15 1936		NEW YORK CITY	
MOTHER		DATE		PLACE		NAME		DATE		PLACE	
JANE J. JONES		JAN 15 1936		NEW YORK CITY		JANE J. JONES		JAN 15 1936		NEW YORK CITY	
SIGNED		DATE		PLACE		NAME		DATE		PLACE	
JAMES J. JONES		JAN 15 1971		NEW YORK CITY		JAMES J. JONES		JAN 15 1971		NEW YORK CITY	
WITNESSED		DATE		PLACE		NAME		DATE		PLACE	
JAMES J. JONES		JAN 15 1971		NEW YORK CITY		JAMES J. JONES		JAN 15 1971		NEW YORK CITY	

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7696  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MINNIE MILLER

2. DATE  
OF  
DEATH

9-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

70

Levendale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

60

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years last birthday)

101

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Louis Miller 3913 Glen Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

15 min

ANTECEDENT CAUSES

(B) Arteriosclerosis

DUE TO

Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1940 to 9-5, 1951, that I last saw the deceased alive on 9-5, 1951, and that death occurred at 7:32 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

23B. ADDRESS

Levendale Home

23C. DATE SIGNED

9-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-5-51

24C. NAME OF CEMETERY OR CREMATORY

B'nai Israel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

SEP 5 - 1951

REGISTRAR'S SIGNATURE

Wm. H. Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 E. ...

VS 150

1951000768194a

WILLIE MILLER

12-29

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

T-425 51 7697

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7697

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Tilghman, Ida

2. DATE  
OF

DEATH Sept. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1326 N. Mount St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 11, 1895

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 578X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Perforation of cecum with huge retrocecal abscess up to liver & dissecting down to knee

## ANTECEDENT CAUSES

(B)

Gas gangrene

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Intestinal auto infection

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 31, 1951, to Sept. 3, 1951, that I last saw the deceased alive on Sept. 3, 1951, and that death occurred at 2:15 am from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hans Kipkow

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

Sept. 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. Burial 9/7/51 Balto. National Balto. Md.

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

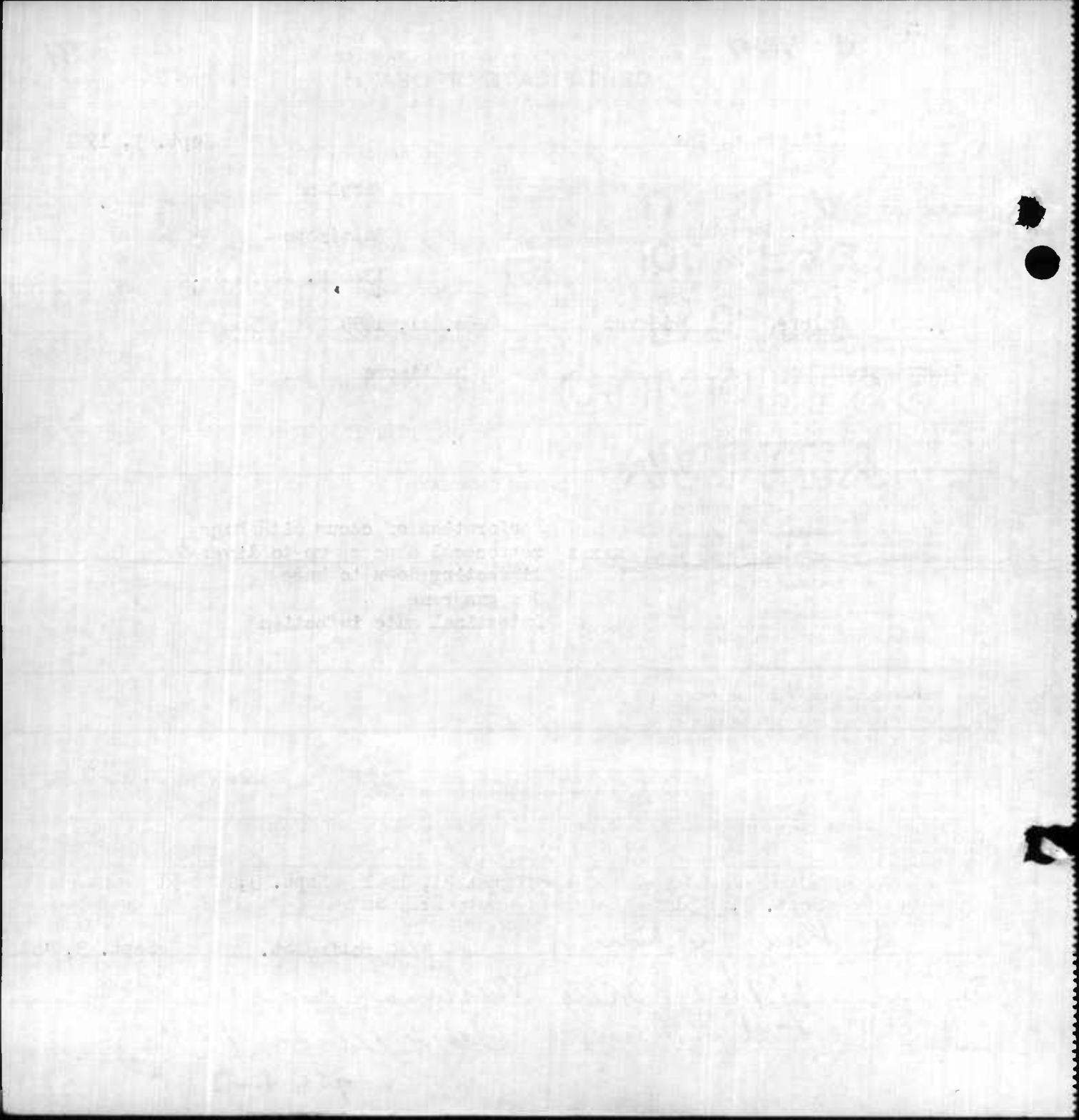
25. FUNERAL DIRECTOR

ADDRESS

SEP 5 - 1951

William H. Williams, M.D.

Geo. H. Nelson 1303



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>JOHN LLOYD WESLEY</b>		2. DATE OF DEATH <b>8-30-51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Baltimore, Md.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Md.</b> b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>1770 N. Mount St.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md.</b>	
c. Length of stay in Baltimore <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>1710 N. Mount St.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Col</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>4-7-80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Canner (President) Cannery</b>		9. AGE (In years last birthday) <b>66</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Cannery</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
13. FATHER'S NAME <b>John Freeman</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>	
16. SOCIAL SECURITY NO. <b>216-05-6037</b>		17. INFORMANT ADDRESS <b>Emily Haskins 1710 N. Mount St.</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>	CAUSE OF DEATH <b>Cerebral Hemorrhage</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Heart</b>	(A) DUE TO <b>Hypertensive Heart</b>	<b>1 year</b>
(B) DUE TO _____		
(C) DUE TO _____		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-28-1951</b> to <b>8-30-1951</b> , that I last saw the deceased alive on <b>8-30-1951</b> and that death occurred at <b>6:00 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>George C. Sage</b>		23b. ADDRESS <b>1816 N. Mount St.</b>		23c. DATE SIGNED <b>9-3-51</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/4/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>	24d. LOCATION (City, town or county) (State) <b>Balto. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5 - 1951</b>	REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>	25. FUNERAL DIRECTOR <b>Geo. D. Nelson 1303</b>	
ADDRESS <b>Cressman St. 937</b>			



VALLEY  
CONGRESS  
BOND  
FOR  
S. A.

L-23051 7699

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7699  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Eliza M Lockwood

2. DATE  
OF  
DEATH

9/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

c. Length of stay in Baltimore

12 yrs. Yrs.  
Mos. Days

D. STREET ADDRESS (If rural, give location)

Box 677 Route 1

5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 18, 1890

9. AGE (In years  
last birthday)

81

10. Under 1 Year 11. Under 24 Hours  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Nursework

10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Shearchecker

14. MOTHER'S MAIDEN NAME

Amanda Coney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Son

ADDRESS

Box 677 Route 1 Baltimore

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TO

Respiratory failure

No. 3

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO

Cerebro-vascular Accident

8 days

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Head

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

At home - Fall with Cerebro-vascular Accident

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

8/27/51 5:30 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

↓

22. I hereby certify that I attended the deceased from 8/27, 1951, to 9/4, 1951, that I last saw the  
deceased alive on 9/4, 1951, and that death occurred at 12 P.M., from the causes and on the date stated above.

23A. SIGNATURE

A.D. Richardson

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

9/4/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

9/6/51

Magnolia

Charlottesville S.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 5 - 1951

H. H. Williams, M.D.

J. J. Brzycki 1407 Eastern Ave.

VS 150

19510007604 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly and correctly written. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

signs:

a morbid condition  
left as the result of  
a disease.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7700

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HENRY CARTER

2. DATE  
OF  
DEATH

Sept 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

UNIVERSITY. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto.

D. STREET ADDRESS (If rural, give location)

1412 Ward Street

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 1, 1889

9. AGE (In years  
last birthday)

64

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Foundry

11. BIRTHPLACE (State or foreign country)

So. Boston Ma.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL  
SECURITY NO.

216-100946

17. INFORMANT

J. Carter

ADDRESS

1412 Ward St.

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Durelocher

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

Sept 2 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9- 7-1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Balto.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 5 - 1951

REGISTRAR'S SIGNATURE

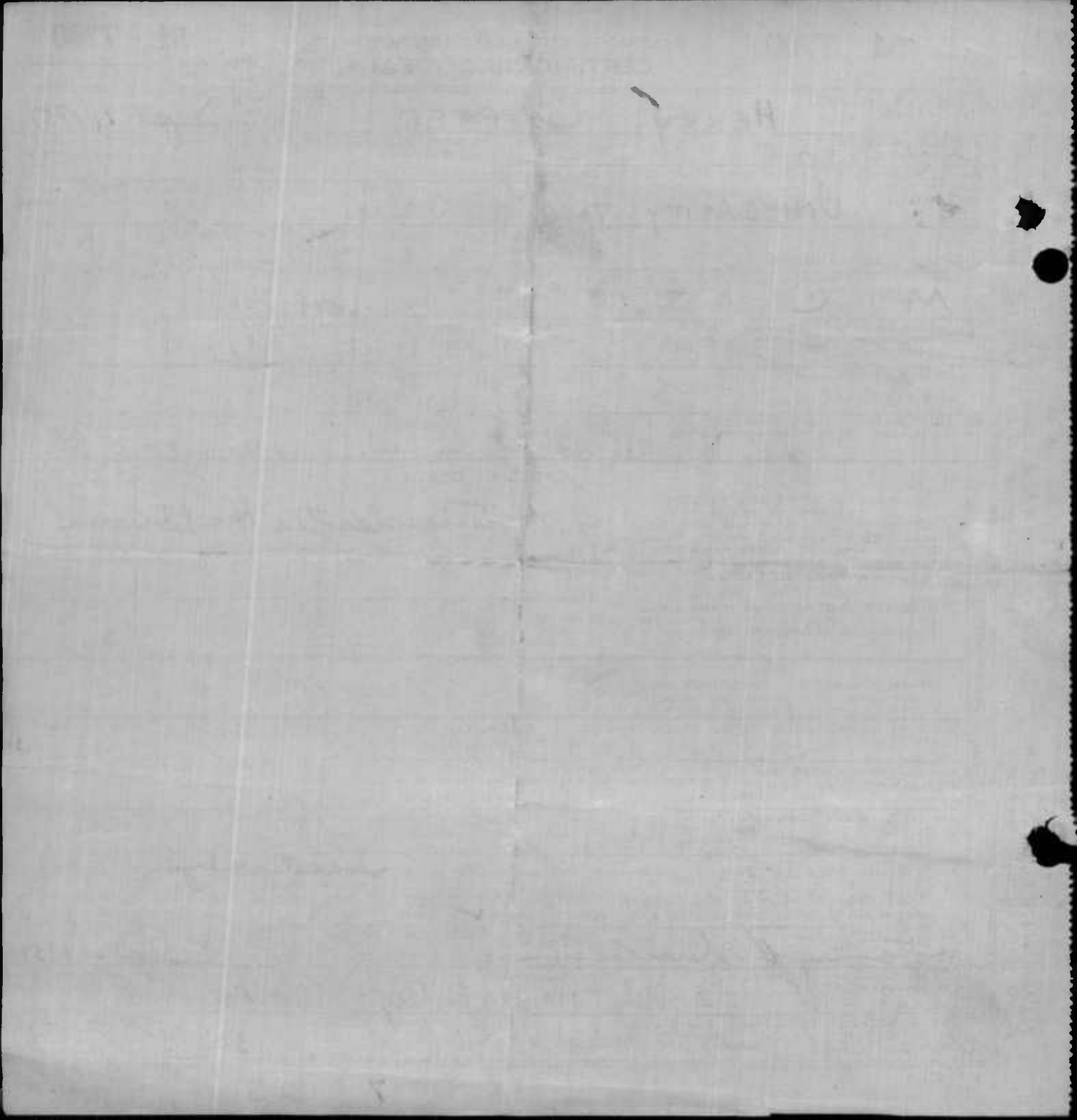
Wm. B. Spriggs

25. FUNERAL DIRECTOR

W. B. Spriggs

ADDRESS

139 W. Hamilton St.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 7701

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>VERSER</b>			2. DATE OF DEATH <b>Sept. 3, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>25 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>119 N. Bond Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 3, 1898</b>	9. AGE (In years last birthday) <b>52</b>	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bethlehem Steel</b>	11. BIRTHPLACE (State or foreign country) <b>Farmville Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Sidney William Brown</b>			14. MOTHER'S MAIDEN NAME <b>Luvania Red</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-07-6392</b>	17. INFORMANT ADDRESS <b>Mildred Brown 119 North Bond St</b>		

18. <b>500X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>Asphyxiation</b> DUE TO <b>acute laryngotracheo bronchitis</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Sept. 4, 1951</b>	

24A. BURIAL, CREMA-TION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/6/1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Brooklyn Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5 - 1951</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR <b>Elroy O. Wilson</b> <b>1100 Brandywine</b>	

V S 151

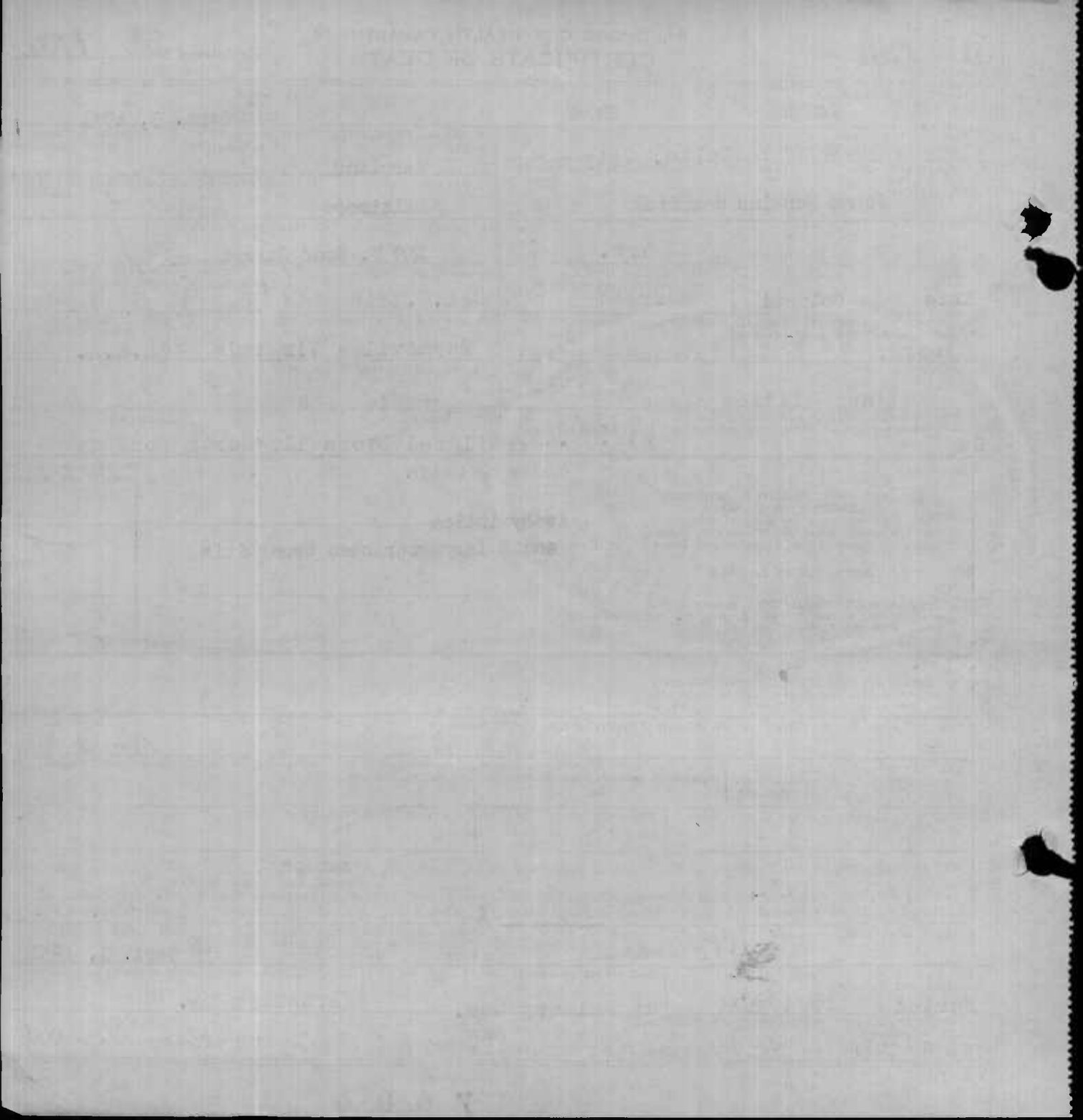
5 1 097834 7 6 8 6

106a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7702  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Jacob Hartwick</b>			2. DATE OF DEATH <b>Sept. 2, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Ind.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals (DOR)</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Rural</b>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>7405 Belmont Ave.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 5 60</b>		9. AGE (In years last birthday) <b>60</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BLACKSMITH</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>PA.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Jacob Hartwick Jr.</b>			14. MOTHER'S MAIDEN NAME <b>Victoria Teske</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Steen Hartwick</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <b>Coronary Disease</b>
ANTECEDENT CAUSES	(A) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO
	(C)

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Com. H. K. Kanner J.** M.D. 23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ 23C. DATE SIGNED **Sept. 3, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Sept 6/51** 24C. NAME OF CEMETERY OR CREMATORY **Holy Rosary** 24D. LOCATION (City, town, or county) (State) **Baltimore**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 5 - 1951** REGISTRAR'S SIGNATURE **Frederick Williams, M.D.** 25. FUNERAL DIRECTOR **Fred D. Ozasquini** ADDRESS \_\_\_\_\_

V.S. 151 **550184 0' 830 Eastern av. 94a**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

STATE OF NEW YORK  
OFFICE OF THE HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1. Name of Deceased: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Date of Death: \_\_\_\_\_

6. Place of Death: \_\_\_\_\_

7. Cause of Death: \_\_\_\_\_

8. Signature of Physician: \_\_\_\_\_

9. Signature of Registrar: \_\_\_\_\_

10. Date of Registration: \_\_\_\_\_

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7703

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Wasilewski

2. DATE  
OF  
DEATH

9/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

26-11

D. STREET ADDRESS (If rural, give location)

501 S. EAST AVE.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 8/25 1951 to 9/4 1951, that I last saw the  
deceased alive on 9/3 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

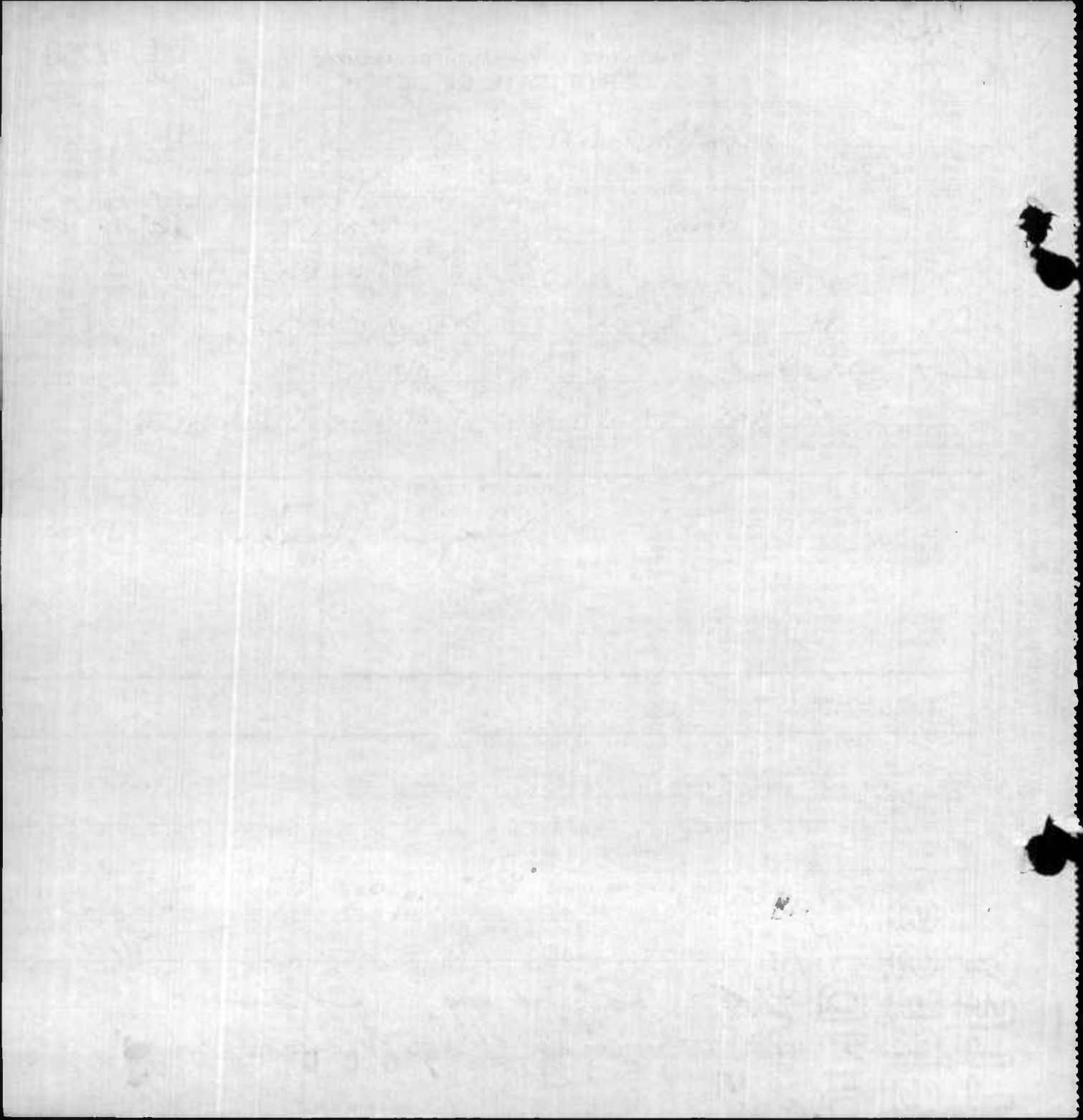
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7704

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George T. Mules

2. DATE  
OF  
DEATH

9.4.1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8002 Eastern Ave.

5300

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct 28-1880

9. AGE (in years  
last birthday)

70

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

retired miller

10B. KIND OF BUSINESS OR  
INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Maryland, Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas J. Mules

14. MOTHER'S MAIDEN NAME

Emma Burns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ses 1 Mules 8002 Eastern Ave

18. 49DX

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

myocarditis, arteriosclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

2 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27 1951, to 9-4 1951, that I last saw the  
deceased alive on 9-4 1951, and that death occurred at 130 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Maxwell Edmund

M.D.

23B. ADDRESS

Essex, Md

23C. DATE SIGNED

9-4-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9/7/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Houston Williams, Md

25. FUNERAL DIRECTOR

ADDRESS

1819 St Paul St

SEP 5-1951

VS 150

68513A

108





# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 7705**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN EDWARD BERRY</b>			2. DATE OF DEATH <b>Sept. 4, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Lutheran Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5706 Bland Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>1886?</b>	9. AGE (In years last birthday) <b>65?</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Paving of streets</b>	11. BIRTHPLACE (State or foreign country) <b>Hartford, Conn</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>John Berry</b>			14. MOTHER'S MAIDEN NAME <b>Mary H. Corrigan</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Wm. Berry, Manchester, Conn.</b>		

18. <b>470.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic heart disease</b> DUE TO (A) ..... (B) ..... (C) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) ..... (B) ..... (C) ..... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>R. B. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Sept. 4, 1951</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>9/5/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. St. Benedicts Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Hartford, Conn.</b>
---	----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 5 - 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. H. Williams, M.D.</b>	ADDRESS <b>1217 St. Paul St.</b>
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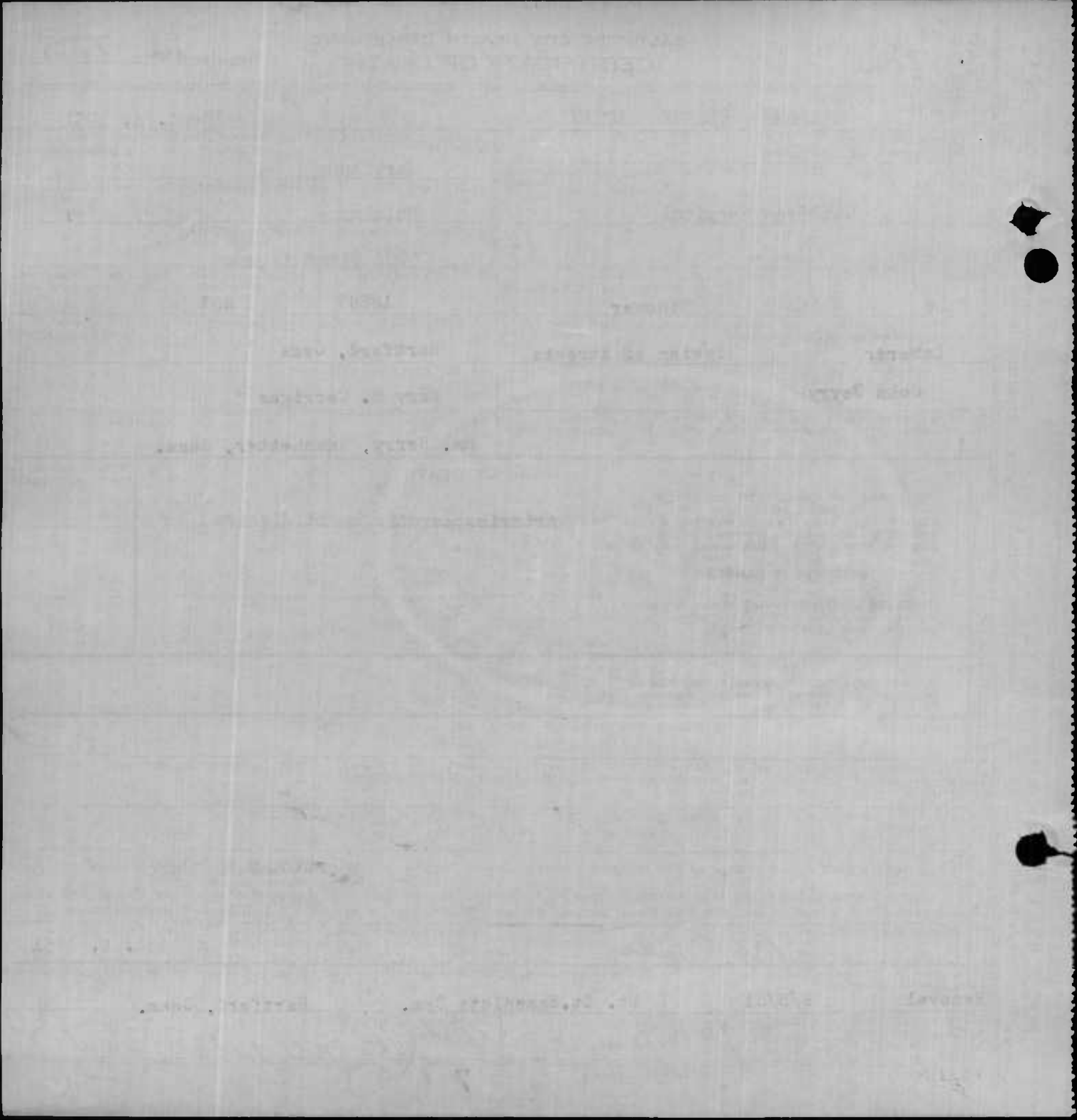
V S 151

97027690

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7706

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7706

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARTHA LITKUS (LITICUS)

2. DATE  
OF  
DEATH

Aug-31-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3923 EDMUNDSON AVE

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3923 EDMUNDSON AVE

c. Length of stay in Baltimore

50

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1880

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT

GERTRUDE MADDEN 3923 EDMUNDSON AVE

ADDRESS

18.

170X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinomatous

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Carcinoma of left breast 9MM

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arterio sclerosis ?

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to Aug 31, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 2:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

D. P. Dlugosz

23B. ADDRESS

3326 Frederick Ave

23C. DATE SIGNED

9/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9-4-51

24C. NAME OF CEMETERY OR CREMATORY

ST. STANISLAUS

24D. LOCATION (City, town, or county)

O'DONNELL ST.

(State)

M.D.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

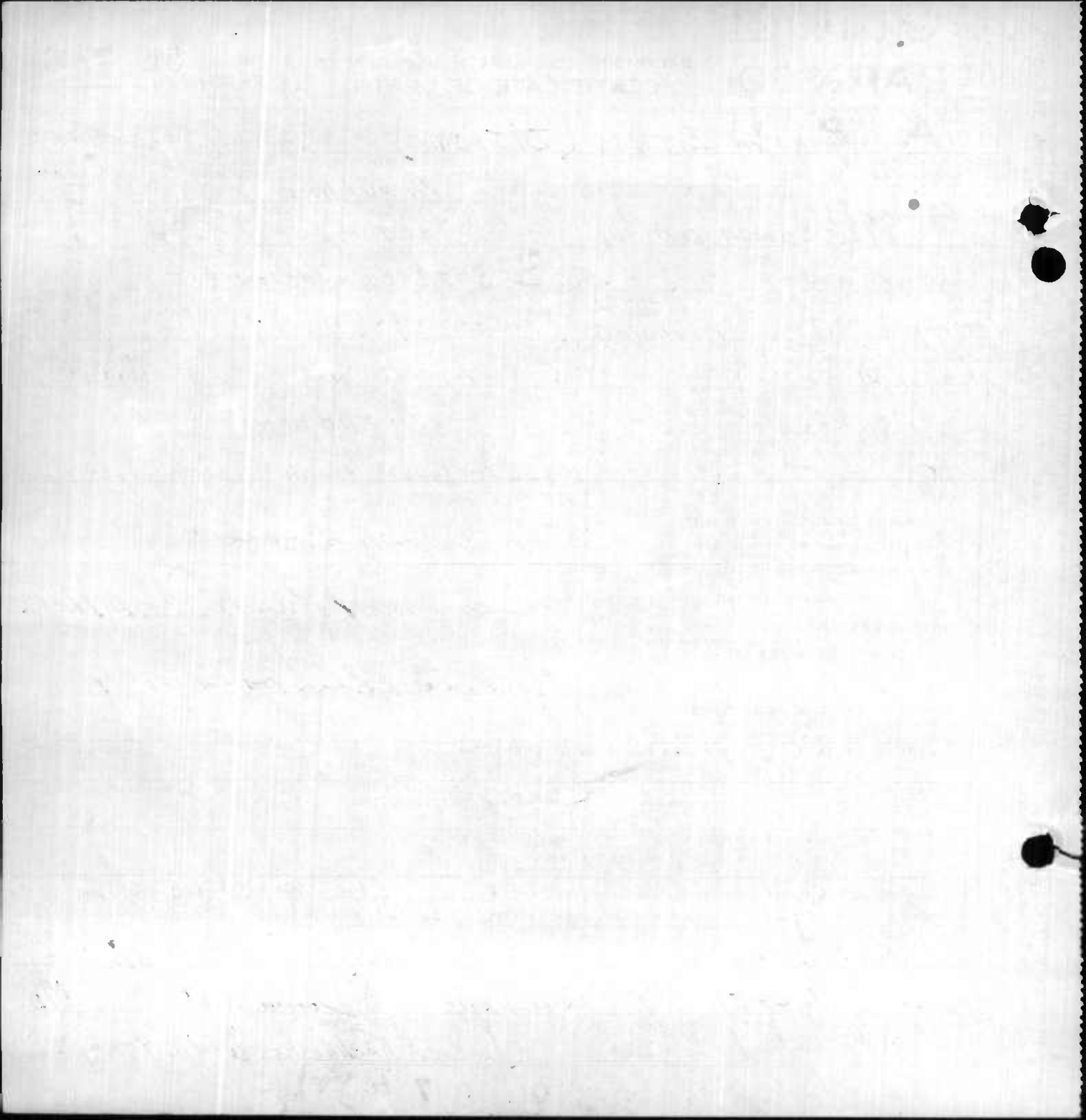
CHARLES W. KUCHAUSKAS 703 MCHENRY ST.

ADDRESS

VS 150

19510007691

50



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7707

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EVARISTO ALESSANDRINI

2. DATE  
OF  
DEATH Sept. 4, 19513. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1503 Ramsay St.

c. Length of stay in Baltimore

26 Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-30-1897

9. AGE (In years  
last birthday)

54

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Steelworker (RET)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rome, Italy

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ralph Alessandrini

14. MOTHER'S MAIDEN NAME

Rose Marie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 1

16. SOCIAL  
SECURITY NO.

218-14-7525

17. INFORMANT

ADDRESS

Theresa Alessandrini, 1503 Ramsay St.

18. 446 X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Gastro-intestinal hemorrhage

DUE TO uremia due to chronic nephrosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER...  
ASSISTANT MEDICAL EXAMINER...  
MEDICAL INVESTIGATOR...

23C. DATE SIGNED

9-4-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-7-1951

24C. NAME OF CEMETERY OR CREMATORY

V. S. National

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Hoff &amp; B. M. Walters

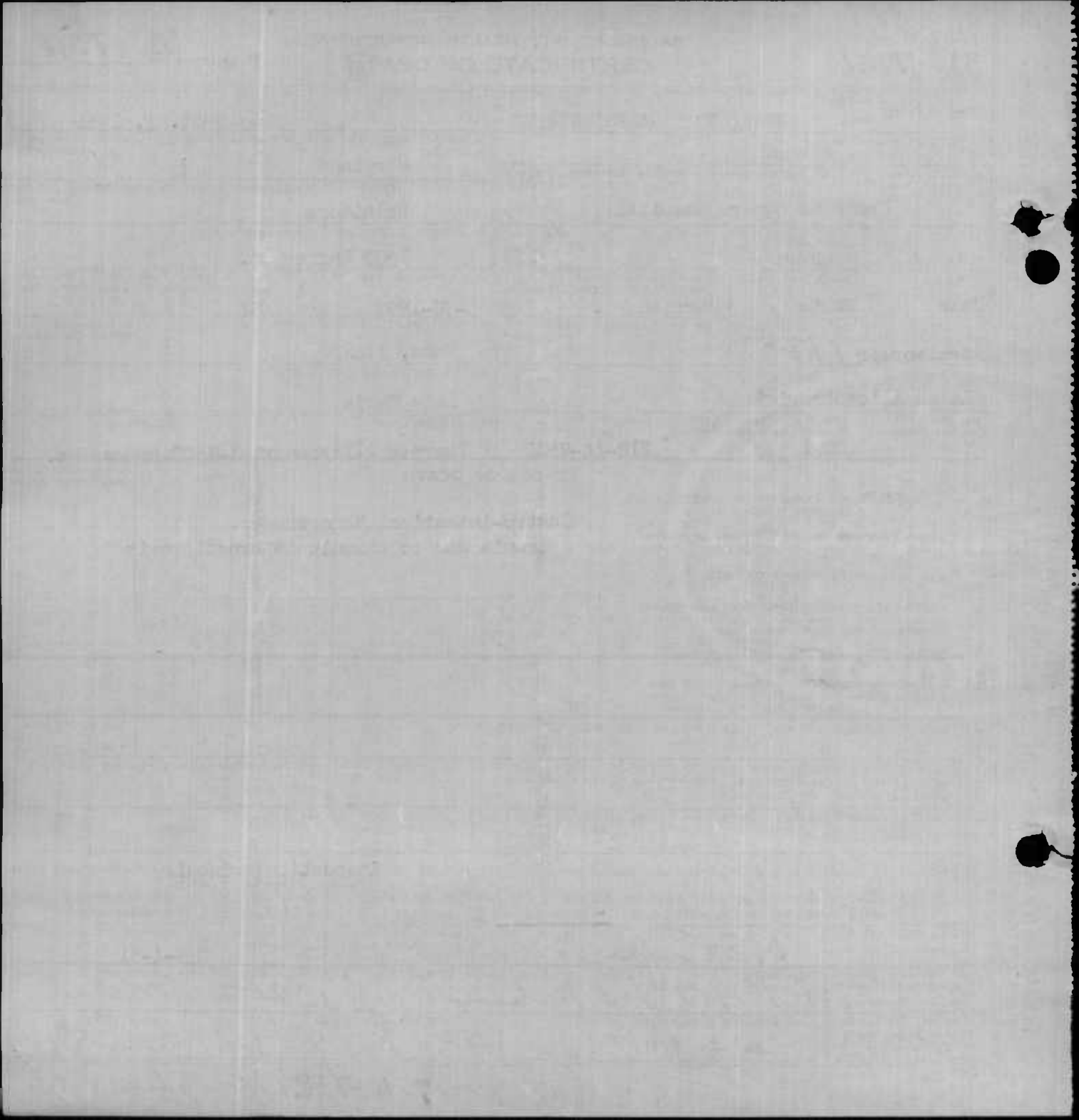
VS 151

1951 5180240 716 131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7708

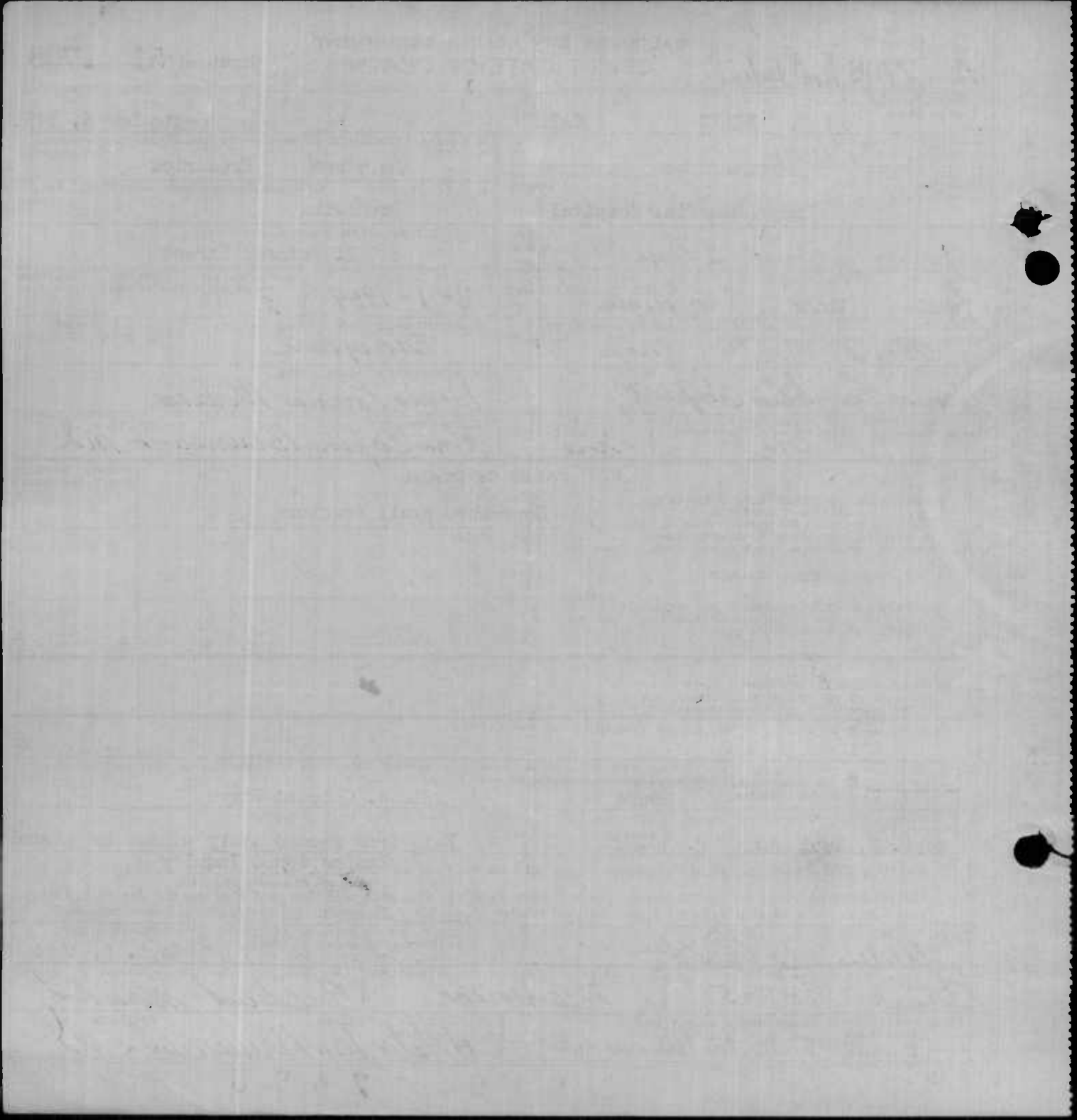
BIRTH NO. <u>51 7708</u> <i>Not Resident</i>		2. DATE OF DEATH <u>September 5, 1951</u>	
1. NAME OF DECEASED (Type or Print) <u>HELEN CATINO</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Frederick</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brunswick</u>	
c. Length of stay in Baltimore <u>2 days</u> Yrs. <u>0</u> Mos. <u>0</u> Days <u>2</u>		D. STREET ADDRESS (If rural, give location) <u>817 E. Potomac Street</u> <u>6030</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-1-1949</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>2</u> If Under 1 Year: Months <u>0</u> Days <u>0</u> If Under 24 Hours: Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>None</u>	
13. FATHER'S NAME <u>James Franklin Capino</u>		14. MOTHER'S MAIDEN NAME <u>Doris Louisa Wallace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>James Capino Brunswick Md</u>		ADDRESS <u>Brunswick Md</u>	
18. <u>E902.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Depressed skull fracture</u> (A) ..... DUE TO .....  ANTECEDENT CAUSES (B) ..... DUE TO ..... (C) .....  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <u>Sept. 2, 1951</u>		19B. MAJOR FINDINGS OF OPERATION <u>Inspection &amp; Inquiry</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>House</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>2310 N. Calvert Street</u> <u>1214</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>Sept. 2, 1951 6:30 P.m.</u>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Fell from second story window to ground</u>	
22. I certify that I took charge of the remains described above, held an <u>Inspection &amp; Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <u>William Williams</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D. <u>Sept. 5, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>9-7-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>	24D. LOCATION (City, town, or county) (State) <u>Frederick Maryland</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 5 - 1951</u>	REGISTRAR'S SIGNATURE <u>William Williams</u>	25. FUNERAL DIRECTOR <u>C.H. Faber Brunswick Md</u>	
ADDRESS <u>Brunswick Md</u>			

VS 151

N-803.2

510007693

186a



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7709

BIRTH NO. 19-19-27		1. NAME OF DECEASED (Type or Print) SHARON ANDERSON		2. DATE OF DEATH 9-3-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pasadena		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Royal Beach 5200		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 7, 1949 1 yr.	9. AGE (In years last birthday) 1 yr.	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Noah Anderson			14. MOTHER'S MAIDEN NAME Catharine O'Brien		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mrs. Noah Anderson, Royal Beach, Pasadena, Md.		

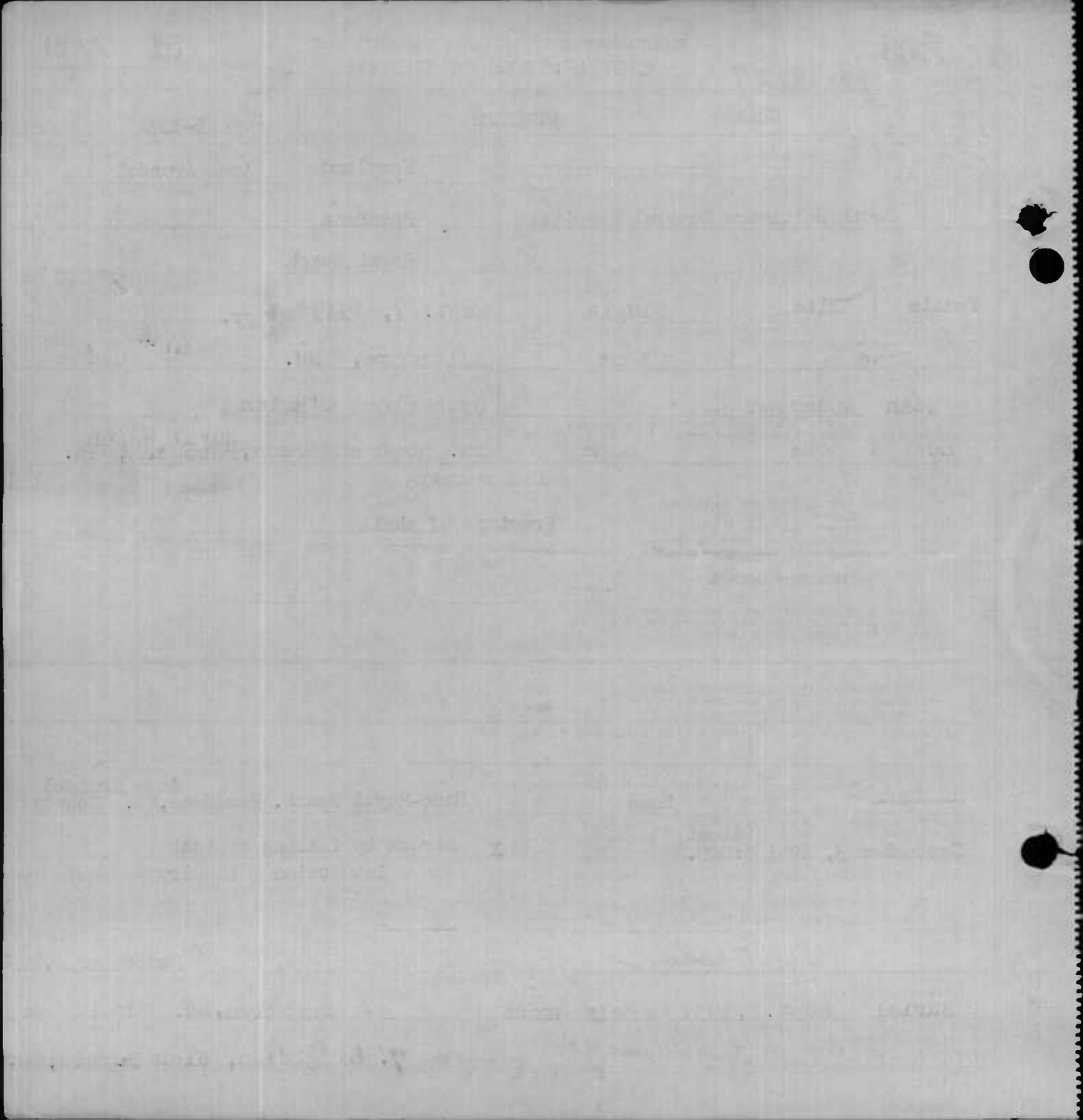
18. E-910.0, CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull (A) ..... DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... DUE TO (C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Home-Royal Beach, Pasadena, Md. County
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY September 3, 1951 5:00P. M. (about)	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Struck by falling cabinet 5200

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. B. Fisher	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED September 4, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 7, 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) Brooklyn, Md. Rural
DATE RECEIVED BY LOCAL REGISTRAR SEP 5 - 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Thomas J. Singleton, Glen Burnie, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-3 50 Hold FOR M.E.  
51 7710

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

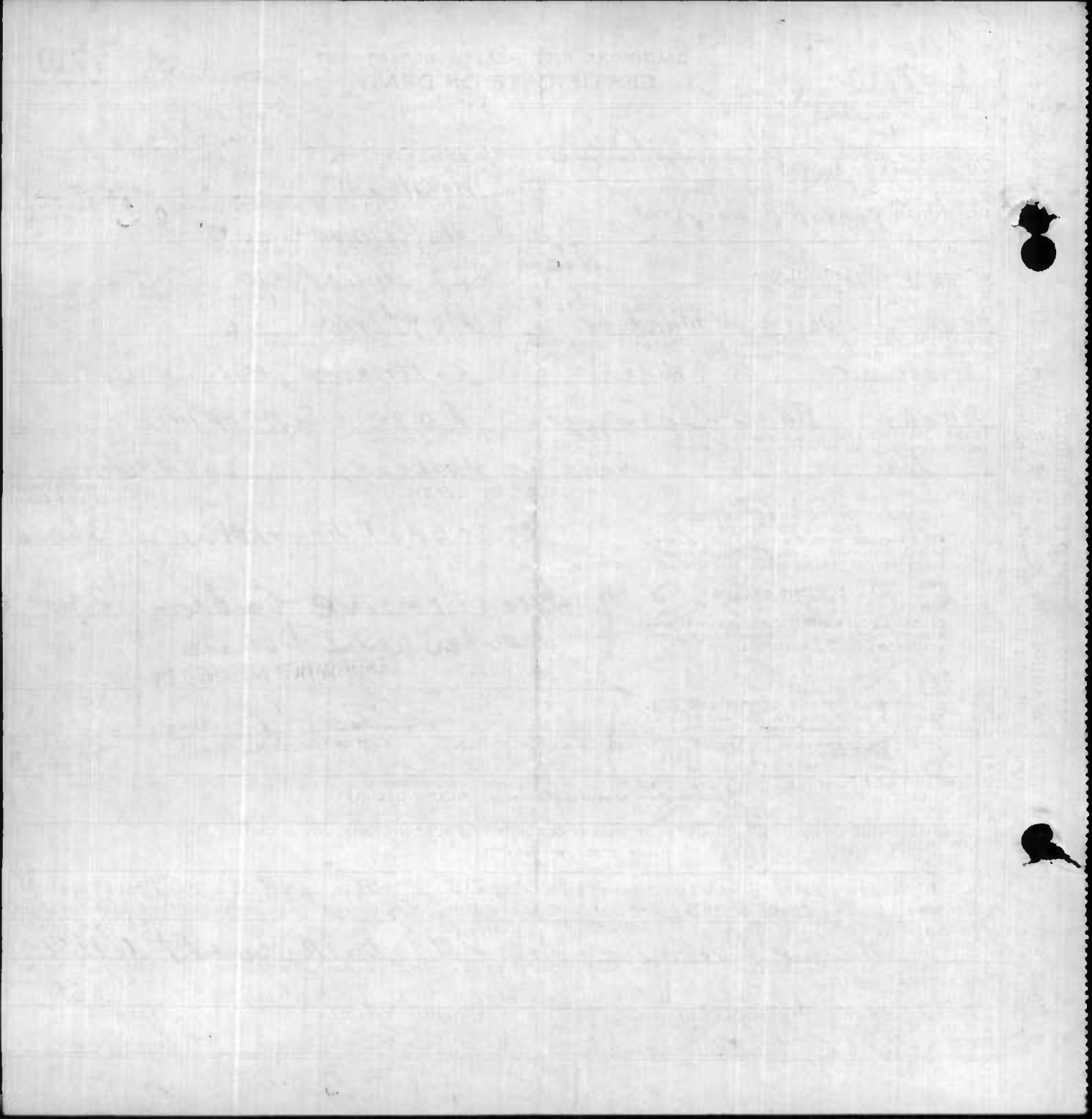
Registered No. 51 7710

1. NAME OF DECEASED (Type or Print) <i>Ida M. Goodwin</i>				2. DATE OF DEATH <i>9/3/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>DOCTOR'S HOSPITAL</i>				4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> C. CITY OR TOWN <i>BALTIMORE</i> O. STREET ADDRESS (If rural, give location) <i>228 N. Madenia ST. Madenia</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>DOCTOR'S HOSPITAL</i>				5. AGE (In years last birthday) <i>50</i> If Under 1 Year: Months <i>6</i> Days <i>03</i> If Under 24 Hours: Hours <i>3</i> Min. <i>00</i>	
c. Length of stay in Baltimore <i>9 to 10 Days</i>				8. DATE OF BIRTH <i>11/29/1900</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		9. AGE (In years last birthday) <i>50</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>	
13. FATHER'S NAME <i>Henry Braunschweiger</i>		14. MOTHER'S MAIDEN NAME <i>Rose Schefflein</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Husband</i> ADDRESS <i>228 N. Madenia ST.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertensive-Cardio-vascular Renal Disease</i> DUE TO (C) <i>CERTIFICATION APPROVED BY</i> <i>Stanley N. D...</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i> <i>2 yrs.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 3, 1951</i> , to <i>Sept. 3, 1951</i> , that I last saw the deceased alive on <i>Sept. 3, 1951</i> , and that death occurred at <i>6:57 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Isaac Rosen</i>		23B. ADDRESS <i>2413 E. Monument St</i>		23C. DATE SIGNED <i>9/4/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>9/7/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>OAK LAWN</i>	
24D. LOCATION (City, town, or county) <i>BALTIMORE</i>		24E. STATE <i>MD</i>		25. FUNERAL DIRECTOR <i>Clarence F. Hoffmann</i> ADDRESS <i>1639 Broadway</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 5 - 1951</i>		REGISTRAR'S SIGNATURE <i>William H. ...</i>		25. FUNERAL DIRECTOR ADDRESS	

510007695

131a





CERTIFICATE CORRECTED -- 9/20/51  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

ES 51 7711  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Timothy Dewery

2. DATE OF DEATH  
Sept. 1, 19513. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
Baltimore City Hospitals  
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreC. Length of stay in Baltimore 30 Yrs.  
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)  
1315 Madison Ave. (17)

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Oct. 25, 1885

9. AGE (in years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PORTER

10B. KIND OF BUSINESS OR INDUSTRY

CROWN, CORK &amp; SEAL

11. BIRTHPLACE (State or foreign country)

Ala.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Dewery

14. MOTHER'S MAIDEN NAME

Amanda Cooner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

218-03-5235

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarct

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 Hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetic gangrene, left great toe and root

DUE TO

(over)

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-31-51

19B. MAJOR FINDINGS OF OPERATION

Left thigh Amputation

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1951, to 9-1, 1951 that I last saw the deceased alive on 9-1, 1951 and that death occurred at 4:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9/7/51

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 5-1951

REGISTRAR'S SIGNATURE

Timothy Williams, M.D.

25. FUNERAL DIRECTOR

Charles F. Law - 802 Madison

ADDRESS

See Document File 51-7711

9/20/51

ES

J-520  
51 7712

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7712

1. NAME OF DECEASED (Type or Print) <u>Carrie Jones</u>		2. DATE OF DEATH <u>September 2, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>OSP 4</u>		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <u>md.</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore Yrs. <u>5</u> Mos. <u>0</u> Days <u>1</u>		D. STREET ADDRESS (If rural, give location) <u>432 N. Caroline St.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-75</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		9. AGE (In years last birthday) <u>76</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Va.</u>	
13. FATHER'S NAME <u>Edmund Robinson</u>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <u>Mary</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>	

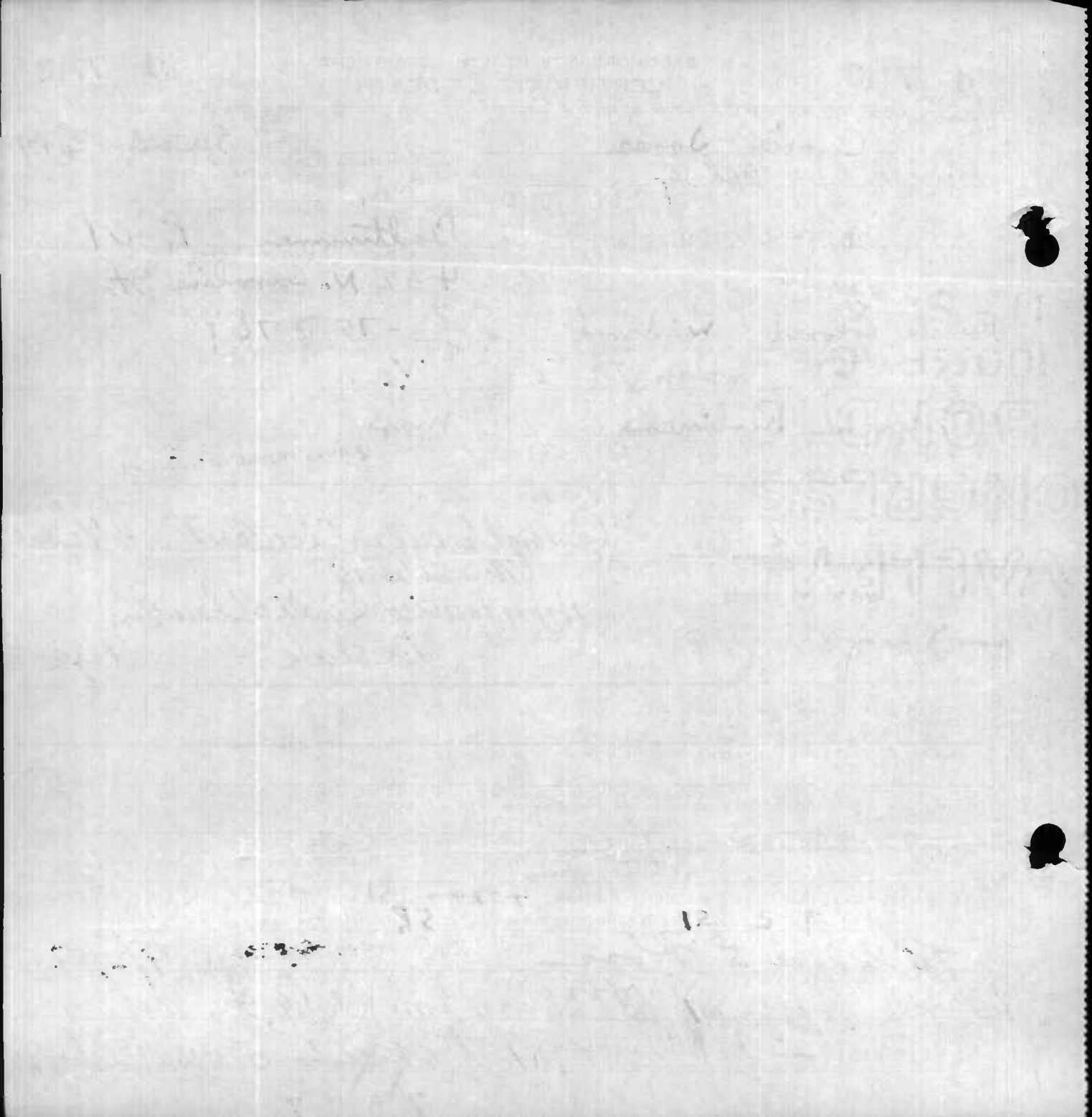
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebrovascular Accident</u> DUE TO (Thrombosis) (B) <u>Hypertensive Cardiovascular Disease</u> DUE TO (C) <u>1 yr</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 mo</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-14</u> , 1951, to <u>9-2</u> , 1951, that I last saw the deceased alive on <u>9-2</u> , 1951, and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Richard S. Ross</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>9/2/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>Sept 6-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Alb, Md</u>		24E. FUNERAL DIRECTOR <u>Robert Williams</u>		24F. ADDRESS <u>1515 11th St N.E. Wash D.C.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 5-1951</u>		REGISTRAR'S SIGNATURE <u>Robert Williams</u>		VS 150	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

17510007697 93D



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7713

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DAISY HAWES

2. DATE  
OF  
DEATH

9-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto 7

D. STREET ADDRESS (If rural, give location)

Woodlawn

5300

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1892-7-24

9. AGE (in years  
last birthday)

59

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

H.W.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac Reed

14. MOTHER'S MAIDEN NAME

Mary Parnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

Husband

ADDRESS

18. 443X1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebrovascular accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive cerebrovascular disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9-2-1951 to 9-4-1951, that I last saw the  
deceased alive on 9-4-1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. H. Watson

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

9-4-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

9-6-51

GOOD SHEPHERD

ELICOTT CITY Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

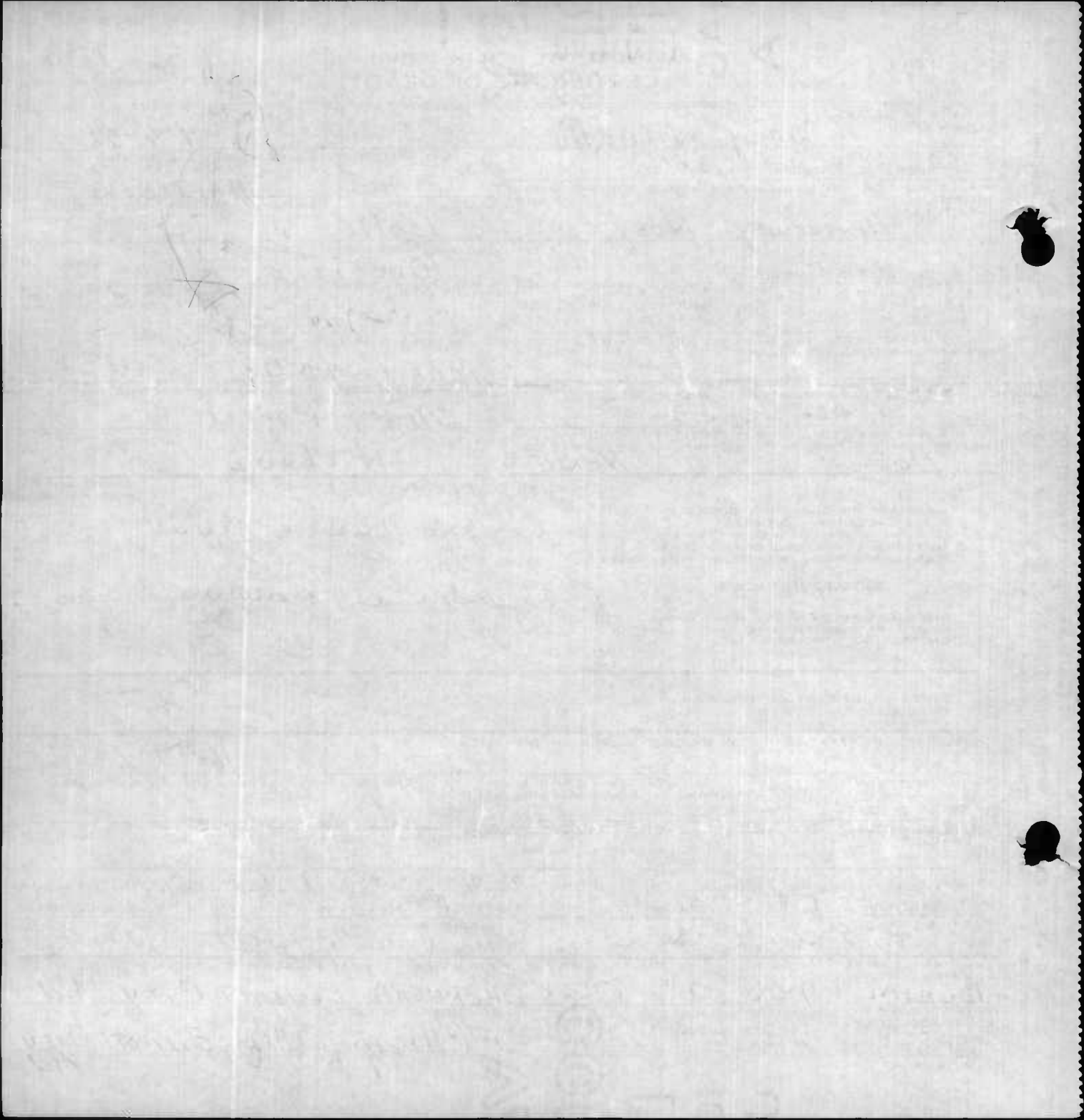
ADDRESS

SEP 6 - 1951

E. C. HIGINBOTHAM, M.D.

F. C. HIGINBOTHAM, ELICOTT CITY





M 650  
51 7714BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7714  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ernestine Morin</i>		2. DATE OF DEATH <i>Sept 4, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Qpls</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>705</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>10 years</i>		D. STREET ADDRESS (If rural, give location) <i>507 N. Wolfe St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3-16-1862</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>89</i>
11. BIRTHPLACE (State or foreign country) <i>France</i>		12. CITIZEN OF WHAT COUNTRY? <i>France</i>	
13. FATHER'S NAME <i>Desiree Lefevre</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Bielmann</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Central vascular accident</i>	<i>30 min</i>	
ANTECEDENT CAUSES		
(B) <i>Atherosclerosis, generalized</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C)		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-3-*, 1951, to *9-4-*, 1951, that I last saw the deceased alive on *9-4-*, 1951, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John Collins Harvey</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
--	---	------------------

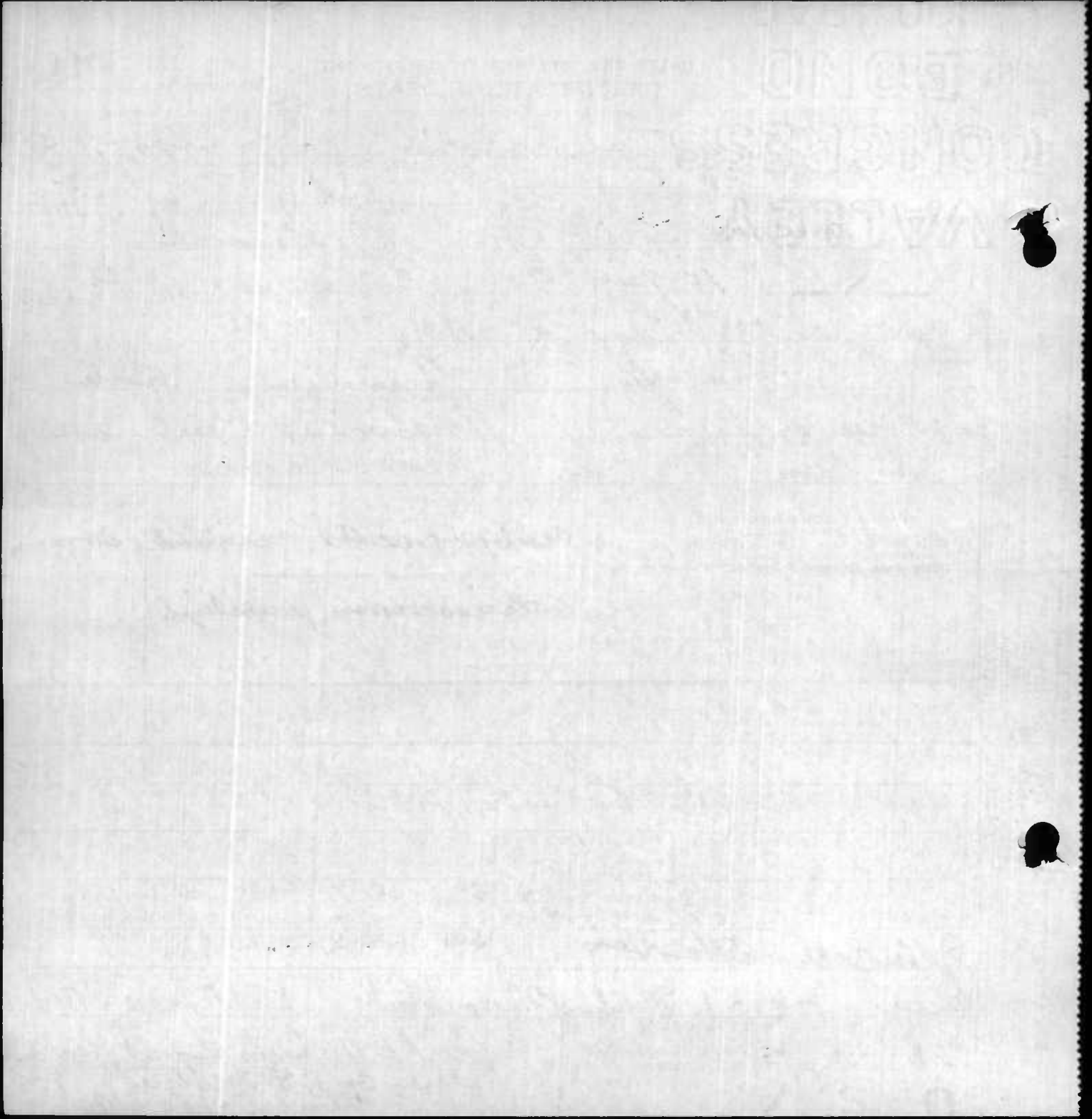
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-6-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moulton Memorial Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore - Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 6 - 1951</i>	REGISTRAR'S SIGNATURE <i>Walter Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Carl B. Webster</i>	ADDRESS <i>Federal Home Inc.</i>

VS 150

583a 403 - G & 5th Street  
Baltimore - 18 - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

K-400  
51 7715

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7715

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Laura E. Kelley*

2. DATE  
OF  
DEATH

*9/4/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

*Md*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*00 413 E. 20th St.*

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

*Balto*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

*413 E. 20th St.*

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widowed*

8. DATE OF BIRTH

*4/16/1881*

9. AGE (in years, last birthday)

*70*

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*Own Home*

11. BIRTHPLACE (State or foreign country)

*Penn.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Mahlon Gentry*

14. MOTHER'S MAIDEN NAME

*Mary Gentry*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Beulah B. Cavan 413 E. 20th St*

18.

*171X I*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Carcinoma of Cervix with Metastasis*  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

*3 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/3* 1951, to *9/4* 1951, that I last saw the deceased alive on *9/3* 1951, and that death occurred at *6:45* a.m., from the causes and on the date stated above.

23A. SIGNATURE

*Paul R. Ziegler*

23B. ADDRESS

*3723 Edmondson Ave*

23C. DATE SIGNED

*9/5/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Removal*

24B. DATE

*9/6/51*

24C. NAME OF CEMETERY OR CREMATORY

*Abington*

24D. LOCATION (City, town, or county) (State)

*Va.*

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 6 - 1951*

REGISTRAR'S SIGNATURE

*Thurston Williams, M.D.*

25. FUNERAL DIRECTOR

*10th Cook Inc. 1217 St. Paul St.*

ADDRESS

VS 150

1951 0007700

48a



P- 412

51 7716  
BIRTH NO.

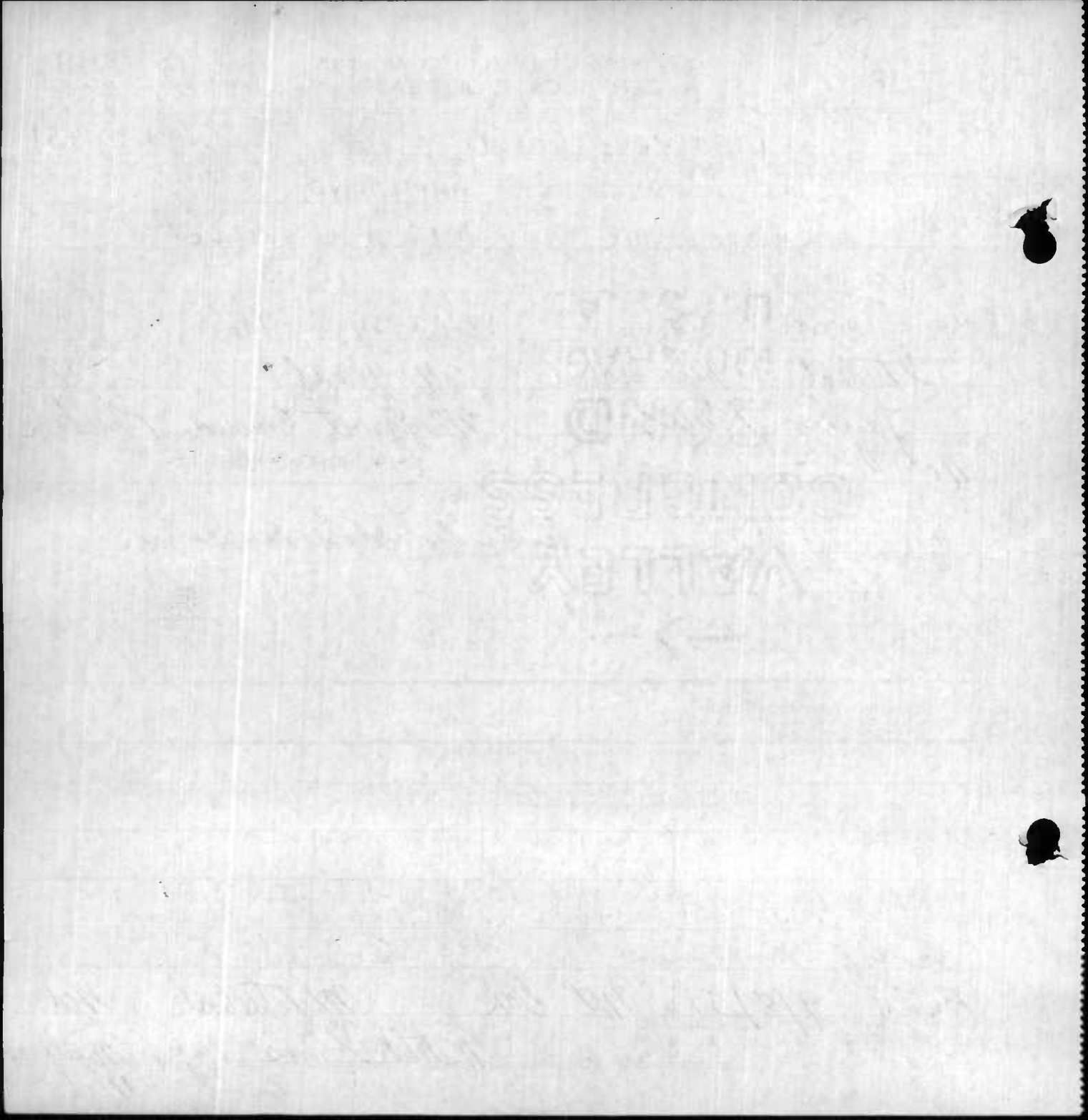
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7716  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>DIANNE PHELPS</b>			2. DATE OF DEATH <b>SEPT 5, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>MB9-3</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Prince George's</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>MITCHELLSVILLE</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>6600</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>12-24-34</b>	9. AGE (In years last birthday) <b>16</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Student</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>High School</b>		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13. FATHER'S NAME <b>Taylor Phelps</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Emma Phillips</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>			ADDRESS		

16. <b>204.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute lymphoid leukemia</b>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-24-51</b> , to <b>9-5-51</b> , that I last saw the deceased alive on <b>9-5-51</b> , and that death occurred at <b>11:05 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Anne B. McKenick</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/8/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Wt. Oak</b>	
24D. LOCATION (City, town, or county) (State) <b>Mitchellville Md.</b>		25. FUNERAL DIRECTOR <b>Witchell Bros Upper Marlboro</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 6 - 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington</b>		ADDRESS <b>74a Md.</b>	





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7717

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE WILLIAM CRABBE

2. DATE  
OF  
DEATH

Sept. 4-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2901 Mt. Holly St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION

at home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2901 Mt. Holly St.

c. Length of stay in Baltimore

3<sup>1</sup>/<sub>4</sub> yearsYrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June-1-1875

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR  
INDUSTRY

(Anti-Saloon League)

11. BIRTHPLACE (State or foreign country)

Madison County, Ohio

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John W. Crabbe

14. MOTHER'S MAIDEN NAME

Ellen Minshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Anna M. Crabbe (wife) 2901 Mt. Holly St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) cardio vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) arterio sclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

about

1 year

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1950, to Sept 4, 1951, that I last saw the deceased alive on Sept 4, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stallis Riblett

23B. ADDRESS

2220 Harrison Blvd

23C. DATE SIGNED

Sept 6/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

Sept-8-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill

24D. LOCATION (City, town, or county) (State)

London, Ohio.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Stewart &amp; Mowen Company, Baltimore.

SEP 6-1951

93D

WALLACE  
CORPORATION  
BOSTON  
MASSACHUSETTS

W 550  
51 7718BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7718

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

IAA WEIMAN

2. DATE  
OF  
DEATH

9-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTYMd  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 20-03B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2014 Christman St

D. STREET ADDRESS (If rural, give location)

2014 Christman St

C. Length of stay in Baltimore

30 Yrs.  
Moo  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

Female

White

married

87

10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

13. FATHER'S NAME

Julius

14. MOTHER'S MAIDEN NAME

Yetta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT- ADDRESS  
Louis Weiman 1802 Bayboro

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Myocardial insufficiency

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic nephritis & hypertension  
Arteriosclerosis

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 1951, to Sept. 5, 1951, that I last saw the  
deceased alive on Sept. 5, 1951, and that death occurred at 5:17 p. m., from the causes and on the date stated above.

23A. SIGNATURE

S. J. L. L.

23B. ADDRESS

2322 Eutan Pl

23C. DATE SIGNED

9-5-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (city, town, or county) (State)

Burial

9-6-51

United Hebrew

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Sept 6 1951

H. W. Williams, Jr.

Jack Lewis

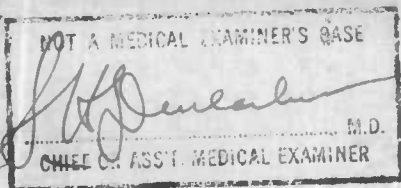
2100 Eutan Pl

SEP 6 1951  
I am a medical examiner. He advised me to sign this.  
131a S. J. L. L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Levy  
2372  
Leland 72





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 7719

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*IAA BERMAN*

2. DATE  
OF  
DEATH

*9-5-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

*Md*

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

*Lutheran Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 27-18*

c. Length of stay in Baltimore

*46* Yrs.  
Mons.  
Days

D. STREET ADDRESS (If rural, give location)

*3620 W. Garrison Ave*

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)

*Widow*

8. DATE OF BIRTH

9. AGE (In years last birthday)

*39*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*Russia*

13. FATHER'S NAME

*not known*

14. MOTHER'S MAIDEN NAME

*not known*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Samuel Berman - 375 Columbia Dr*

18.

*420.1*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Coronary Thrombosis*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

*1 day*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary Insufficiency*

DUE TO

*1 yr*

CERTIFICATION APPROVED BY

*Stanley B. Dinitz* M. D.  
CHIEF OR ASST. MEDICAL EXAMINER

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan 10, 1951*, to *July 20, 1951*, that I last saw the deceased alive on *July 20, 1951*, and that death occurred at *7:00* m., from the causes and on the date stated above.

23A. SIGNATURE

*Dr. Harry Ashman*

23B. ADDRESS

*1921 W. North Ave*

23C. DATE SIGNED

*9/6/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9-6-51*

24C. NAME OF CEMETERY OR CREMATORY

*Rosedale*

24D. LOCATION (City, town, or county) (State)

*Balto Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Jack Lewis Inc 2100 Eutaw Pl*

SEP 6 - 1951

VS 150

*706 approved by Medical Examiner 704*

*94a*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Heavy  
Ashman  
Lithium has  
of room

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7720  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY GOTTIEB

2. DATE  
OF  
DEATH

9/5/51

3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

DOCTOR'S HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4027 PARK HEIGHTS AVE

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9/6/1885

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Shoemaker

10B. KIND OF BUSINESS OR  
INDUSTRY

Shoe Repair Shopkeeper

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Benish GOTTIEB

14. MOTHER'S MAIDEN NAME

Hilda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

SISTER - ESTHER SCHEINER

ADDRESS  
BOSTON, MASS.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) POSTERIOR MYOCARDIAL  
INFARCTION

10 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DEGENERATIVE-ARTERIOSCLEROTIC  
CARDIOVASCULAR DISEASE

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 24, 1951, to Sept 5, 1951, that I last saw the  
deceased alive on Sept 5, 1951, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Santen

M. D.

23B. ADDRESS

2128 W. North Ave

23C. DATE SIGNED

9/6/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-7-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Balto, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 6 - 1951

REGISTRAR'S SIGNATURE

J. J. Santen

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Rd

ADDRESS

Parahm  
2nd W North Cove  
3508 Liberty Hgts  
Mo 2486

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S 240  
51 7721

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7721  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>KALMAN SNOGEH</b>		2. DATE OF DEATH <b>9-5-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3532 Cottage Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15-12</b>			
c. Length of stay in Baltimore <b>42</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3532 Cottage Ave</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>9-6-7</b>	9. AGE (In years last birthday) <b>46</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chester</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>clothing</b>		11. BIRTHPLACE (State or foreign country) <b>Russia</b>	
13. FATHER'S NAME <b>Not known</b>		14. MOTHER'S MAIDEN NAME <b>Not known</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Elise Herman 3321 Heights Rd</b>	
18. <b>151X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Caecum of Blood poisoning</b> DUE TO <b>Caecum of Stomach</b> DUE TO <b>3 mo</b> <b>3 1/2 yrs</b>					
19. DATE OF OPERATION 19A. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 30, 1945</b> , to <b>Sept 5, 1951</b> , that I last saw the deceased alive on <b>Sept 4, 1951</b> , and that death occurred at <b>6-11 a. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Richard Kolman</b>		23B. ADDRESS <b>3700 Park Heights 2</b>		23C. DATE SIGNED <b>Sept 5, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>9-6-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>		25. FUNERAL DIRECTOR <b>Jack Lewicki</b>		ADDRESS <b>2100 Cutler Pl</b>	

DATE RECEIVED BY LOCAL REGISTRAR **SEP 6 - 1951**  
REGISTRAR'S SIGNATURE **Wm. H. Williams, M.D.**  
VS 150  
69046 0007706 46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kolman  
3700 Park Hgts

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ND-1433322

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7722

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
John Howerton		Sept. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. city</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Baltimore City Hospitals</i> <i>4940 Eastern Avenue</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>16 Yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>617 Central Ave. (2) N.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>July 14, 1922</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Prisoner</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Cleaning</i> <i>DYEING PLANT</i>	9. AGE (in years last birthday) <i>29</i>
11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Lashley Howerton</i>		14. MOTHER'S MAIDEN NAME <i>Addie Kerea</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Baltimore City Hospitals</i> <i>Records: 4940 Eastern Avenue</i>		ADDRESS	
18. CAUSE OF DEATH <i>002X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Far advanced Pulmonary Tuberculosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
INTERVAL BETWEEN ONSET AND DEATH Years			
19A. DATE OF OPERATION <i>1-30-51</i> <i>2-2-51</i>			
19B. MAJOR FINDINGS OF OPERATION <i>Pneumoperitonum</i>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-14</i> , 1950, to <i>9-2</i> , 1951, that I last saw the deceased alive on <i>9-2</i> , 1951 and that death occurred at <i>2:35am</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>P.S. Rogers</i>		23B. ADDRESS M. D. <i>4940 Eastern Avenue</i>	
23C. DATE SIGNED <i>9-3-51</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>9-6-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Int. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn NY</i>		25. FUNERAL DIRECTOR <i>Chas. J. G. G. G. 1000 Burtch</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, M.D.</i>	
VS 150			

VS 150

6438c

1312



12.11.51

A.G.N.

Received from the  
Bank of India

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 7723

BIRTH NO. 7723

1. NAME OF DECEASED (Type or Print) <b>JOHN R. JACKSON</b>			2. DATE OF DEATH <b>September 4, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Provident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>543 McMechen Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May-26-1925</b>	9. AGE (In years last birthday) <b>26</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>In General</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Clarence Jackson</b>			14. MOTHER'S MAIDEN NAME <b>Martha Jackson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes War #2</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Martha Jackson 543 McMechen St.</b>		

18. <b>E 982 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Stab wound of chest and aorta</b> DUE TO (A) ..... (B) ..... (C) ..... INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... (C) ..... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. USING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Pennsylvania Ave. &amp; Wilson Street</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept. 4, 1951 2:10 A.m.</b>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? <b>Sharp instrument</b>
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <b>J. B. Fisher</b>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Sept. 4, 1951</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/7/1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Nat.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore City</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 6 - 1951</b>	REGISTRAR'S SIGNATURE <b>William M. Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Elroy O. Wilson 1000 Buxley Ave</b>	

VS 151

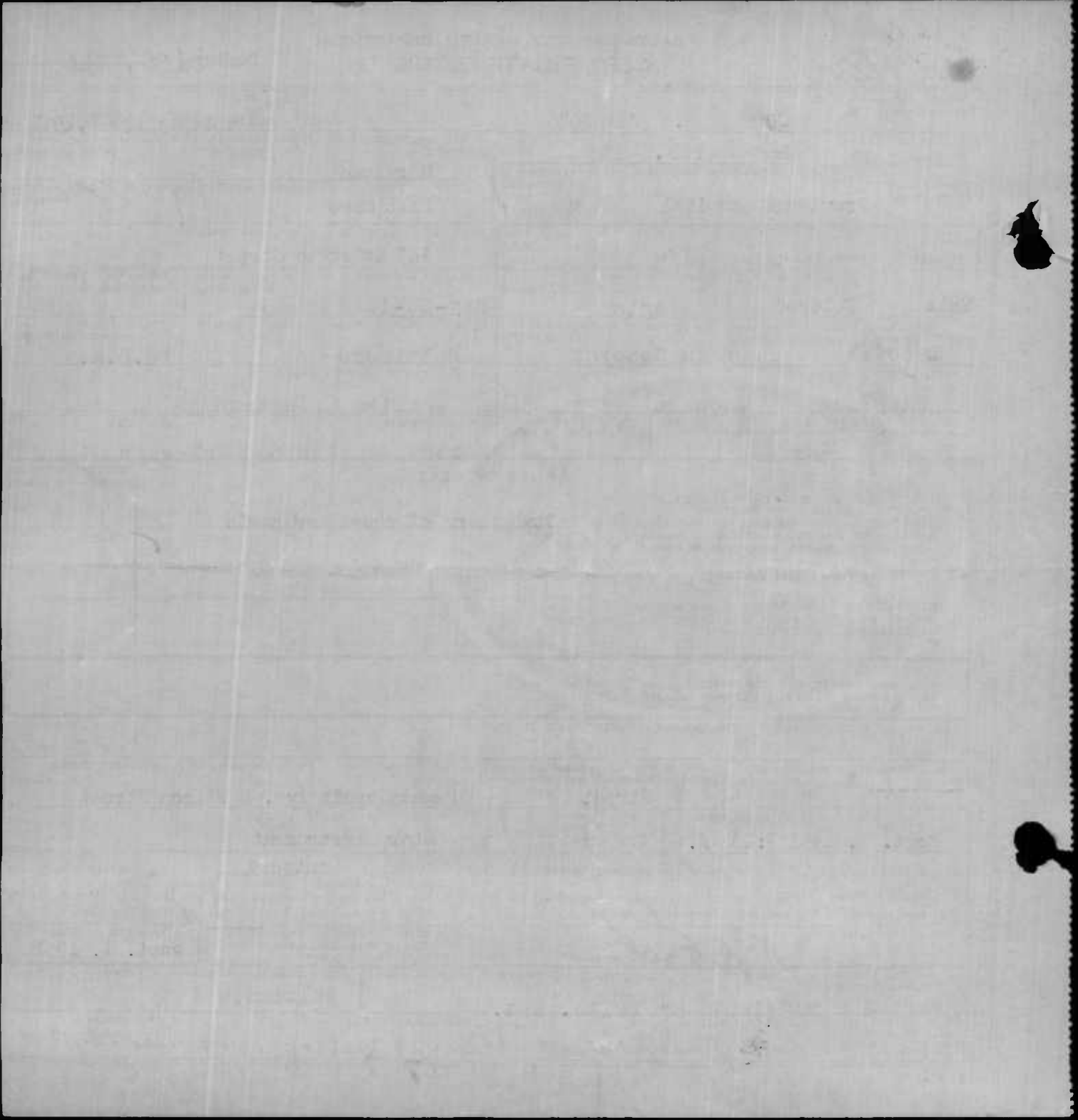
N-875.2

1 9 5 4 7 0 9 9 0 7 7 0 0

167

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

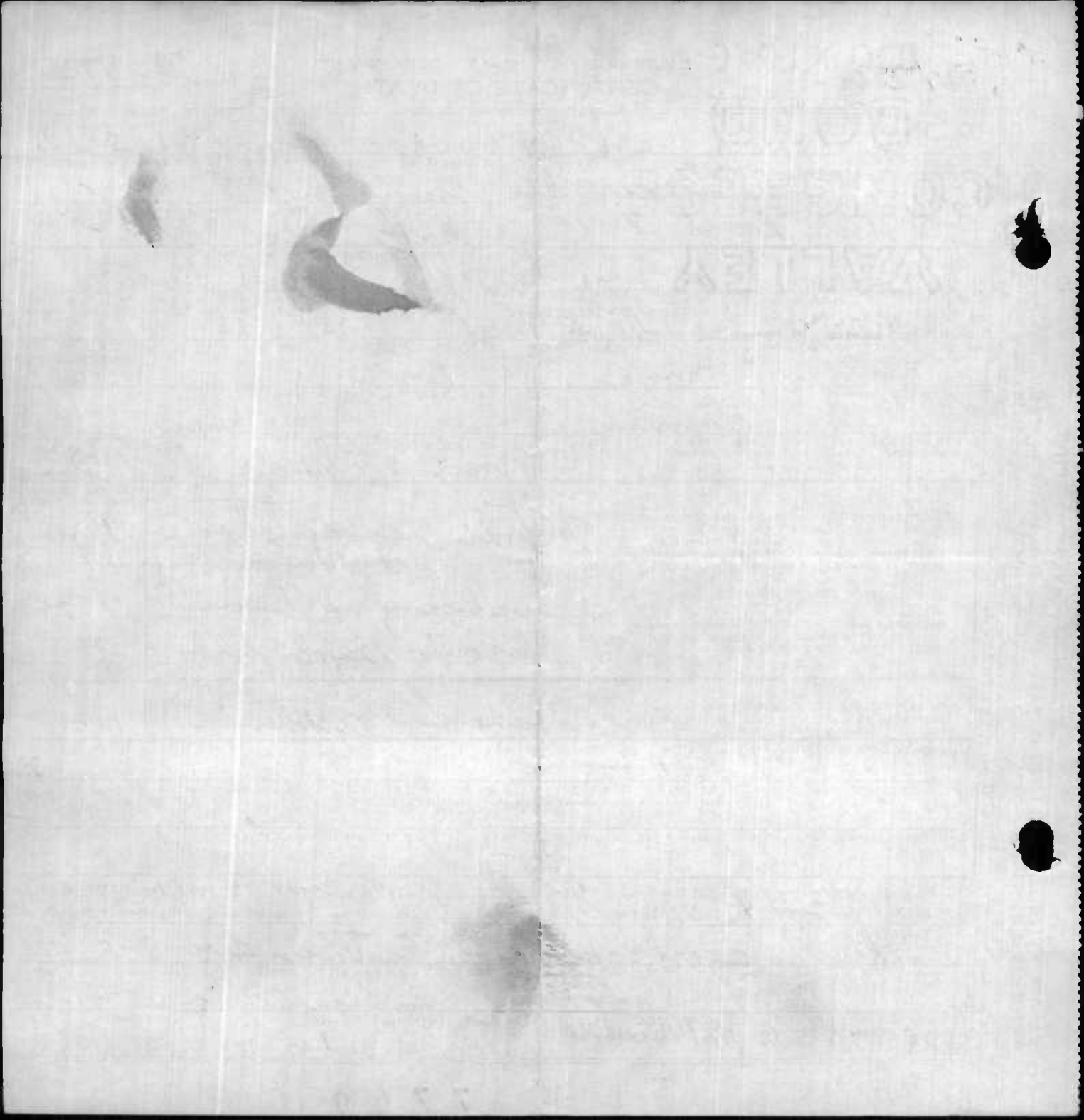


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7724BIRTH NO. 320

1. NAME OF DECEASED (Type or Print) <u>MARCYANNA GODEK (GODACK)</u>		2. DATE OF DEATH <u>Sept. 5 / 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. Md.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME (If not in hospital or institution, give street address or location) <u>818 S. Bond Street</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>3-02</u>	
c. Length of stay in Baltimore <u>60 years</u> Yrs. <u>60</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>818 S. Bond Street</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow of Joseph</u>	8. DATE OF BIRTH <u>1875</u> 9. AGE (in years last birthday) <u>66</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Poland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Binniasz</u>	
14. MOTHER'S MAIDEN NAME <u>unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>-</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT ADDRESS <u>Michael Godack S. Lakewood 641</u>	
18. <u>4722</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Mitral Regurgitation</u> DUE TO (B) <u>Enlarged Heart</u> DUE TO (C) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>1 yr.</u> <u>?</u>		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>General Asthenia</u> <u>1 yr.</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July 4, 1948</u> to <u>Sept. 4, 1951</u> that I last saw the deceased alive on <u>Sept. 4, 1951</u> , and that death occurred at <u>4 A.M.</u> , from the causes and on the date stated above.	
23A. SIGNATURE <u>John V. Szczerbicki</u> M.D.		23B. ADDRESS <u>1802 Eastern Ave</u>	
23C. DATE SIGNED <u>9-5-51</u>		24A. BY BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24B. DATE <u>Sept 8/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. County</u>		25. FUNERAL DIRECTOR <u>John M. Weber</u>	
25. ADDRESS <u>401 S. Chester Street</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 6 - 1951</u>	
REGISTRAR'S SIGNATURE <u>Wm. Williams, M.D.</u>		VS 150	

510007700

9212



W-432  
51 7725

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7725  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anna Waldych</i>		2. DATE OF DEATH <i>9.5.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Dosters Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2405 Foster Ave</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 15 - 1895</i>	9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Frank Szajner</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Joseph Waldych 2405 Foster Ave</i>	

18. <i>570.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>		CAUSE OF DEATH <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO <i>Cardiac Respiratory Failure</i>			
		(B) DUE TO <i>Acute Shock due to Infarction</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION <i>9.4.51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Myocardial Infarction + thrombosis of rt kidney</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9.4.1951</i> , to <i>9.5.1951</i> , that I last saw the deceased alive on <i>9.4.1951</i> , and that death occurred at <i>6:20</i> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>William J. Samuels</i>		23B. ADDRESS <i>2711 Eastern Ave</i>		23C. DATE SIGNED <i>9/5/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 8-1951</i>		24C. NAME OF CEMETERY OF CREMATORY <i>Holy Rosary</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Fialkowski</i>		ADDRESS <i>2007 Eastern Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Fialkowski</i>			

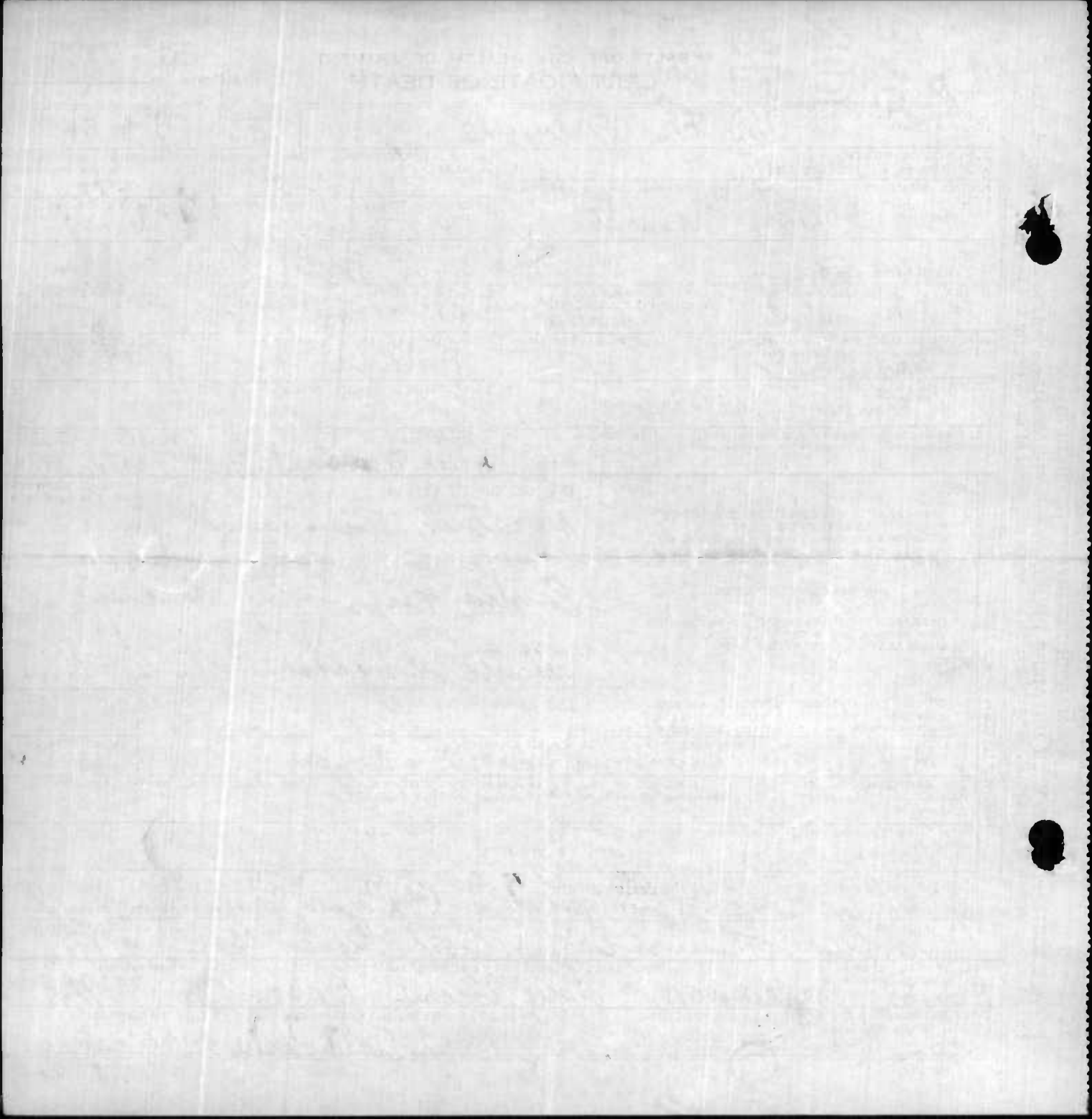
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

99 Ave





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7726

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Thomas Rosenthal

2. DATE  
OF  
DEATH

Sept. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

39 S. Decker Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

39 S. Decker Ave.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

Sept. 5, 1894

9. AGE (In years  
last birthday)

57

10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Elevator Operator Office Bldg.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

William Frederick Rosenthal

14. MOTHER'S MAIDEN NAME

Catherine Mulligan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W W I

16. SOCIAL  
SECURITY NO.

219-01-6421

17. INFORMANT

Mrs Alberta Kaska 505 S. Curley St

ADDRESS

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

acute coronary thrombosis

12 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

arteriosclerotic cardiac  
vascular disease

?

DUE TO

(C)

malnutrition

8 months

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1951, to Sept 5, 1951, that I last saw the  
deceased alive on Sept 4, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Benton V. Locke MD

M. D.

23B. ADDRESS

2936 E. Balto St

23C. DATE SIGNED

9/6/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/8/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Benton V. Locke MD

25. FUNERAL DIRECTOR

ADDRESS

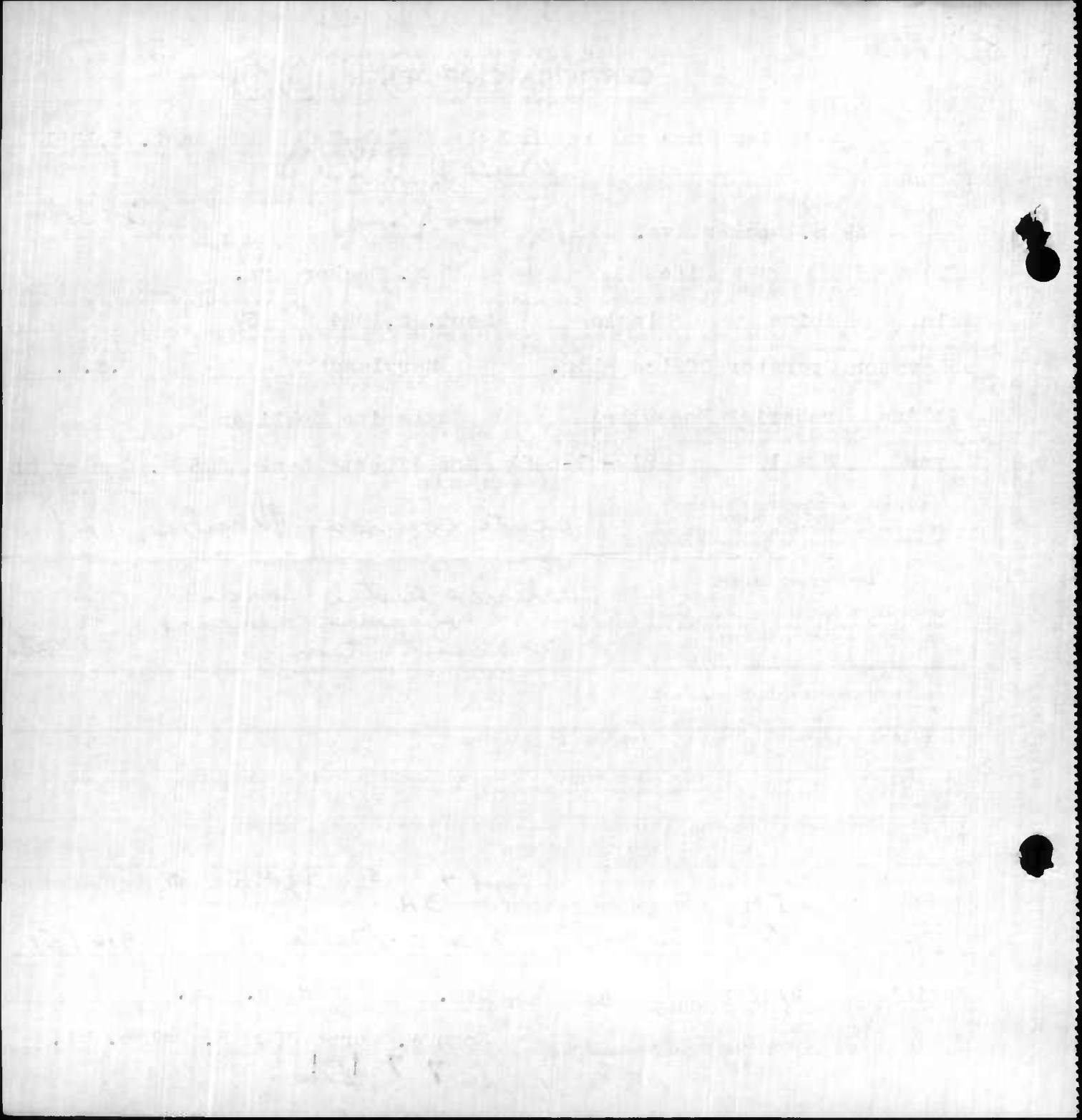
John A. Moran 3000 E. Balto. St.

VS 150

5-7647977

Hedewis

93D



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 7727

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EMIL H. FUNK

2. DATE  
OF  
DEATH

9-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

412 Lyman Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 30, 1888

9. AGE (In years  
last birthday)

63

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Routeman

10B. KIND OF BUSINESS OR  
INDUSTRY

Bakery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Emil Funk

14. MOTHER'S MAIDEN NAME

Margaret Mashoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

215-07-9636

17. INFORMANT

ADDRESS

Mrs Etta G. Funk 412 Lyman Ave.

18.

493 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pneumonia

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardio-vascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1951, to 9-3, 1951, that I last saw the  
deceased alive on 9-3, 1951, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Waverly S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp. Balt. Md.

23C. DATE SIGNED

9-3-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/7/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St.

CERTIFICATE OF DEATH

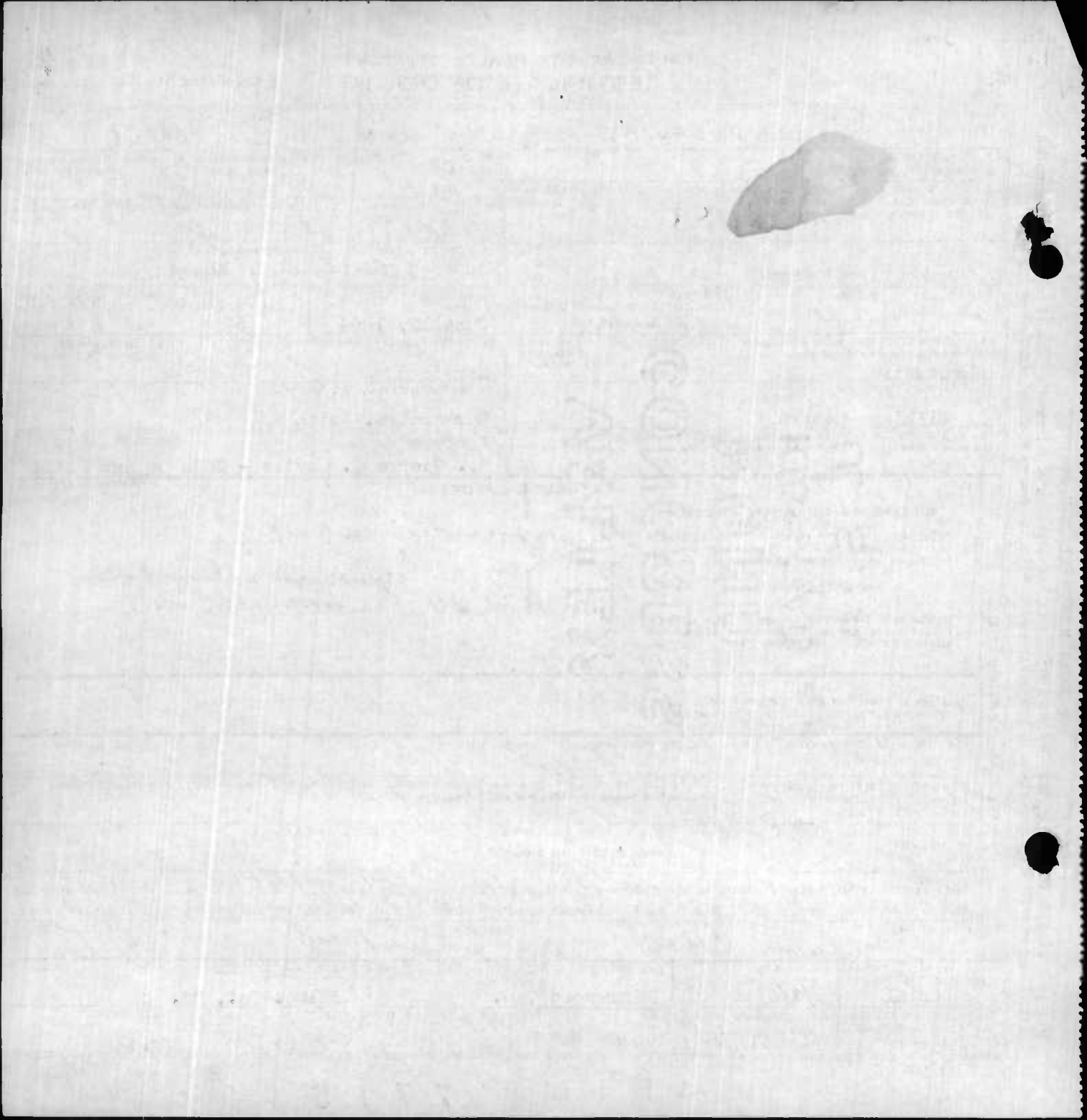
Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Place of Birth	
Occupation		Cause of Death	
Time of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7728  
Registered No. \_\_\_\_\_D+120  
51 7728

1. NAME OF DECEASED (Type or Print) <b>CLARA M. DAVIES</b>			2. DATE OF DEATH <b>9/4/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSP.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 26-02</b>		
c. Length of stay in Baltimore <b>5-7</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5213 Anthony Ave.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 12, 1894</b>	9. AGE (In years last birthday) <b>57</b>	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>William Bussard</b>			14. MOTHER'S MAIDEN NAME <b>Margaret E. Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mr. George O. Davies - 3022 Gwynns Falls</b>		
18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>myocardial infarct</b> DUE TO ANTECEDENT CAUSES <b>HACVD Hypertensive arteriosclerotic cardiovascular disease</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/4</b> , 19 <b>51</b> , to <b>9/4/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9/4</b> , 19 <b>51</b> , and that death occurred at <b>8:30 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Solomon Cohen</b>		23B. ADDRESS, M. D. <b>Sinai Hosp</b>		23C. DATE SIGNED <b>9/5/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/7/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem.</b>	
24D. LOCATION (City, town, or county) <b>Balto. Co., Md.</b>		24E. STATE <b>Md.</b>		24F. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 6 - 1951</b>	
24G. REGISTRAR'S SIGNATURE <b>William Williams, M.D.</b>		24H. FUNERAL DIRECTOR <b>Wm. J. Pickner &amp; Sons</b>		24I. ADDRESS <b>Balto, Md</b>	





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **51 7729**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Rose J. Waters**2. DATE  
OF  
DEATH**9-5-51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto**B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)**38 University Hosp.**

c. Length of stay in Baltimore

**1**Yrs.  
Mos.  
Days

5. SEX

**F**

6. COLOR OR RACE

**W**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**M**

8. DATE OF BIRTH

**Nov. 22, 1886**9. AGE (in years  
last birthday)**64**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR  
INDUSTRY**At Home**

11. BIRTHPLACE (State or foreign country)

**W.VA.**12. CITIZEN OF  
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

**John Williams Fisher**

14. MOTHER'S MAIDEN NAME

**Hannah Schrader**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**-**16. SOCIAL  
SECURITY NO.

17. INFORMANT

**Husband.**

ADDRESS

18.

**443X 1**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **Subarachnoid Hem.**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **Hypertensive Cardiovascular Disease**

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-4-1951** to **9-5-1951**, that I last saw the  
deceased alive on **9-5-1951**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**Dr. W. Watson**

M. D.

23B. ADDRESS

**University Hosp**

23C. DATE SIGNED

**9-5-51**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**9/8/51**

24C. NAME OF CEMETERY OR CREMATORY

**Moreland Mem. Pk.**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR**SEP 6 - 1951**

REGISTRAR'S SIGNATURE

**W. Williams, M.D.**

25. FUNERAL DIRECTOR

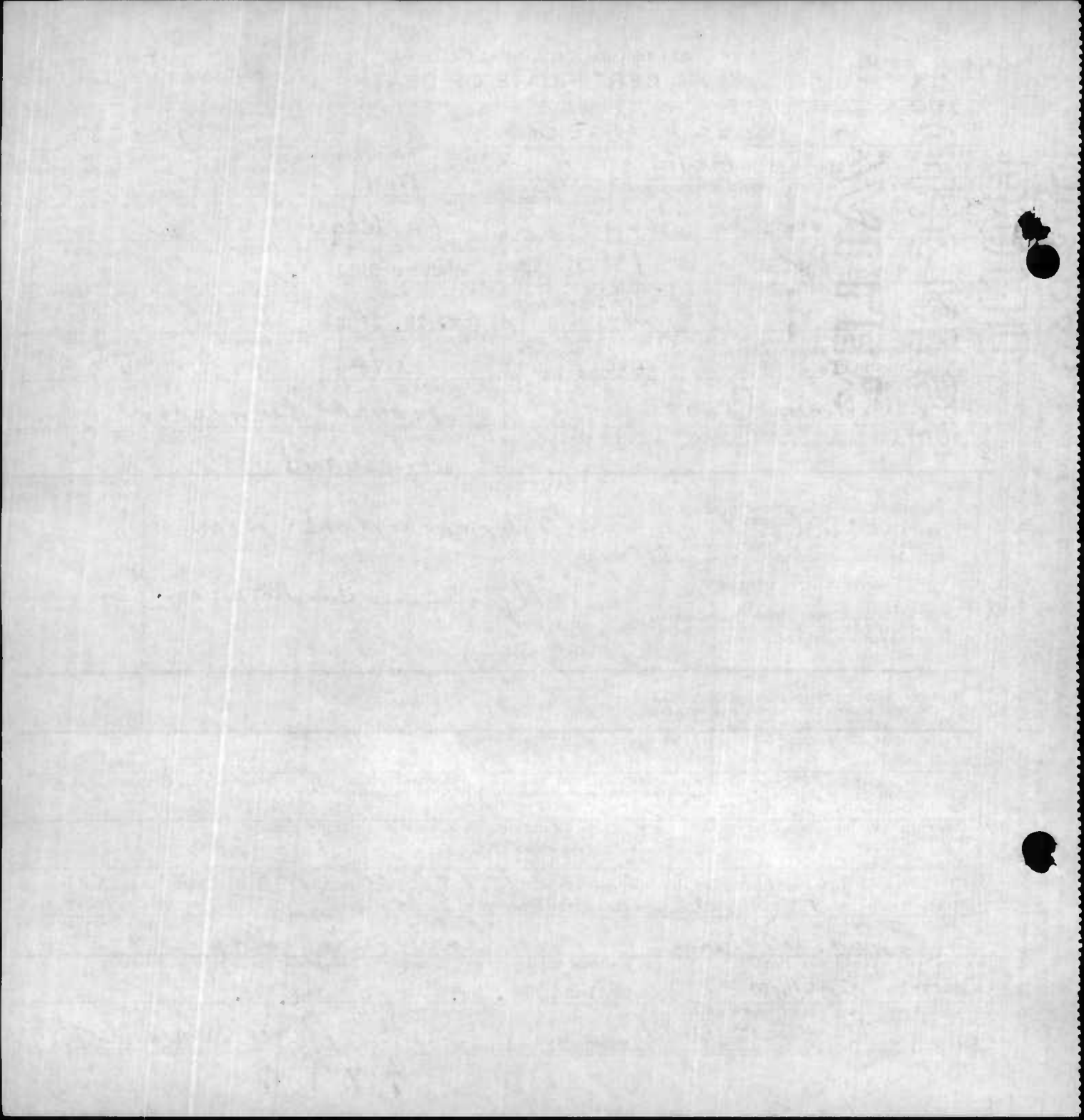
**Wm. J. Lickner & Sons - Balto. Md.**

ADDRESS

VS 150

19510007714

937



# CERTIFICATE CORRECTED

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

 Registered No. **51 7730**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**WILLIAM****TRAVIS**2. DATE  
OF  
DEATH**September 3, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION**South Baltimore General Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Anne Arundel**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Weems**

D. STREET ADDRESS (If rural, give location)

**2607 Puget Street**

c. Length of stay in Baltimore

5. SEX

**Male**

6. COLOR OR RACE

**Colored**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

**10-15-1897**9. AGE (in years  
last birthday)**53**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Factory Worker**10B. KIND OF BUSINESS OR  
INDUSTRY**Glass Factory**

11. BIRTHPLACE (State or foreign country)

**Tollot County Md**12. CITIZEN OF  
WHAT COUNTRY**U.S. A**

13. FATHER'S NAME

**Thomas Travis**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**yes****War 1. 9. 1945**16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

**Mr. & Mrs. C. B. Bunn, 661 W. Bane St.**18. **322.0 and 002X**DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)CAUSE OF DEATH  
**ALCOHOLISM, ACUTE**  
(A) **Hypertensive heart disease**

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH**(over)**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.**Hypertensive heart disease and  
Pulmonary tuberculosis**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. B. Fisher**23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**9-4-51**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**9-7-1951**

24C. NAME OF CEMETERY OR CREMATORY

**Mount Auburn Cemetery Baltimore City Md.**

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**William H. Williams, M.D.**

25. FUNERAL DIRECTOR

**Joseph H. Lively 661 W. Bane St.**

ADDRESS

**SEP 6 - 1951**

V S 151

**569035****12B**

See Document File 51-7730

Letter from Chief Medical Examiner dated 9/5/51

SS

# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

7731

BIRTH NO.

7731

50-19943

1. NAME OF DECEASED  
(Type or Print)

PATRICIA

PATRICK

2. DATE  
OF  
DEATH

September 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

223 Henrietta Street

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

Sept 18 - 1950 11 mo

9. AGE (in years  
last birthday)

11 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

(Port Smith, Va)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Arthur Patrick

14. MOTHER'S MAIDEN NAME

Worthy Singletary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Worthy Singletary 223 Henrietta

18. E922.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Mediastinitis

DUE TO perforation of esophagus by open safety  
pin

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

223 Henrietta Street

23/1

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Sept. 5, 1951

A.m.

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☒

21F. HOW DID INJURY OCCUR?

Swallowed a safety pin

22. I certify that I took charge of the remains described above, held an \_\_\_\_\_ thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Williams

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 5, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-8-51

24C. NAME OF CEMETERY OR CREMATORY

Int. Calvary Cem

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 6 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. B. Spriggs - 139 W. Hamley

ADDRESS

V S 151

N-863.0

1951

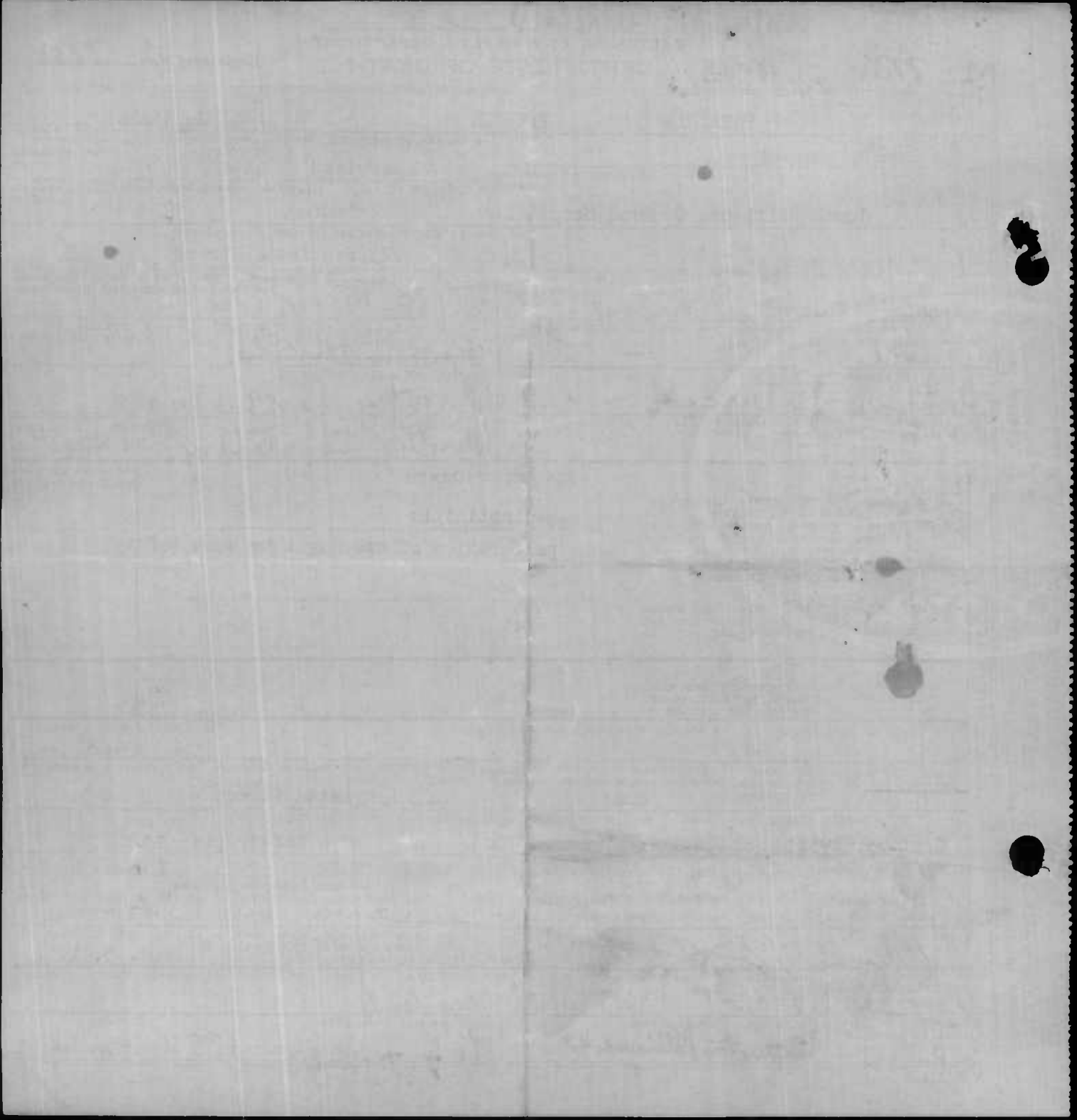
1951

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





51 7732  
E 524BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7732  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>MRS. ANNA ENGLEHART</u>			2. DATE OF DEATH <u>9-4-51</u>				
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY _____							
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DEAD ON ARRIVAL</u> <u>AT UNION MEMORIAL HOSP.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u> <u>8-02</u>							
C. Length of stay in Baltimore <u>Life ?</u>			D. STREET ADDRESS (If rural, give location) <u>1825 N. MONTFORD AVE</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE-MARRIED WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 4<sup>th</sup> 1886</u>		9. AGE (In years last birthday) <u>65</u>		10 Under 1 Year Months: Days		11 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>? Md</u>			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Charles ? Norris</u>			14. MOTHER'S MAIDEN NAME <u>Rose ? Macabe</u>			17. INFORMANT <u>Mrs. Engelhardt</u>			ADDRESS <u>1825 N. Montford Ave</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>1825 N. Montford Ave</u>			18. CAUSE OF DEATH	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			(A) <u>CEREBROVASCULAR ACCIDENT ?</u> DUE TO						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			(B) _____ DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) _____ DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
19A. DATE OF OPERATION <u>✓</u>			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Sept 4, 1951</u> , 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.										
23A. SIGNATURE <u>Richard Brook</u>			23B. ADDRESS <u>Union Memorial Hosp.</u>			23C. DATE SIGNED <u>9-4-51</u>				
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24B. DATE <u>Sept 8<sup>th</sup> 1951</u>			24C. NAME OF CEMETERY OR CREMATORY <u>Holy Reddimer</u>			24D. LOCATION (City, town, or county) (State) <u>Belair Road</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 6 - 1951</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR <u>Leah Brook</u>			ADDRESS <u>1701-03 N. Patterson Park Ave</u>	
VS 150 <u>(Body released by Medical Examiner for autopsy)</u> <u>83a</u>										

MEDICAL CERTIFICATION

STATE OF TEXAS

IN SENATE

January 10, 1906

REPORT

OF THE

COMMISSIONER OF THE

LAND OFFICE

TO THE

LEGISLATURE

OF THE

STATE OF TEXAS

FOR THE

YEAR 1905

AND

THE

PROGRESS

OF THE

LAND OFFICE

IN

1905

AND

THE

LAND OFFICE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7733

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)JAMES Raymond Swift2. DATE  
OF  
DEATHSept. 5 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION3459 Chestnut AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)Baltimore

c. Length of stay in Baltimore

LifeYrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3459 Chestnut Ave

5. SEX

male

6. COLOR OR RACE

White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

July 31, 18869. AGE (In years  
last birthday)65H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Tool Clerk10B. KIND OF BUSINESS OR  
INDUSTRYMachine Shop

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF  
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

Luke Swift

X Reprint

14. MOTHER'S MAIDEN NAME

Mary J Keith15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL  
SECURITY NO.216-03-3717

17. INFORMANT

ADDRESS

Margaret Swift 3459 Chestnut

18.

470.1DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary occlusionINTERVAL BETWEEN  
ONSET AND DEATHabout  
2 hours

ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerosis?DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

DUE TO

SenilityOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1948, 1948, to Sept 5, 1951, that I last saw the  
deceased alive on Sept 4, 1951, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Theodore V. Graziano

M. D.

23B. ADDRESS

2802 Harford Rd

23C. DATE SIGNED

9/5/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

Sept 8 1951

24C. NAME OF CEMETERY OR CREMATORY

St Charles Cemetery

24D. LOCATION (City, town, or county)

Pikesville Balto Co Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRARSEP 6 - 1951

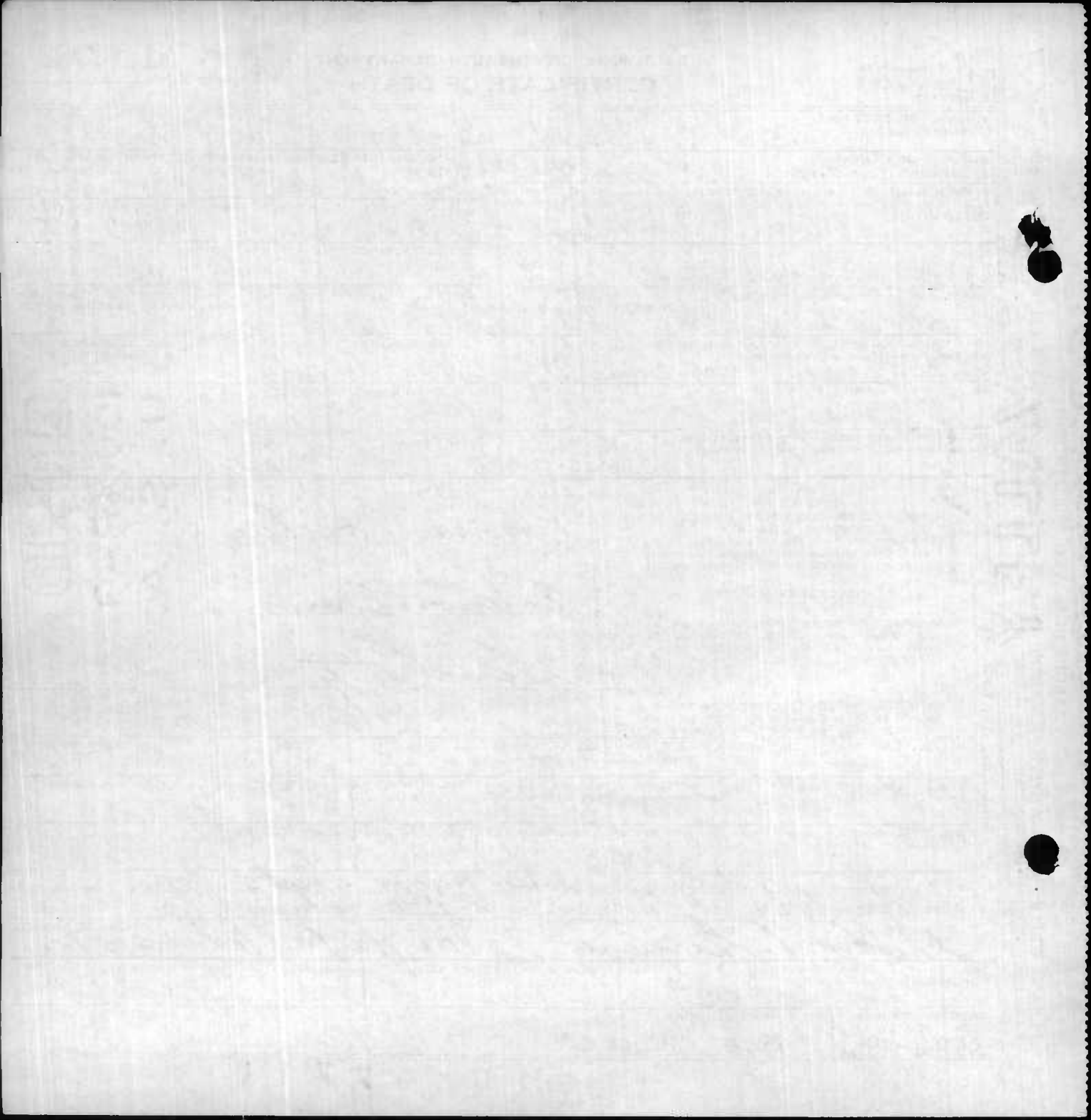
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

J Melville Jenkins 2713 Kirk



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7734

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Betty Elizabeth Moulton

2. DATE  
OF  
DEATH

Sept. 2, 1957.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1083 Fayette St.

C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1083 W. Fayette St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow.

8. DATE OF BIRTH

April 1, 1874.77

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Essex Co. Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Turner Ramson.

14. MOTHER'S MAIDEN NAME

Rebecca Payne.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rebecca Fisher, 1083 W. Fayette St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Arteriosclerotic Heart Disease

INTERVAL BETWEEN  
ONSET AND DEATH

3 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Smoking

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1957, to 9/2, 1957, that I last saw the  
deceased alive on 9/2, 1957, and that death occurred at 12:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Reginald W. Nechling

23B. ADDRESS

P.O. Box 11, Glenview

23C. DATE SIGNED

9/5/57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/8/1957

Mt. Zion Cem.

Lansdowne Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

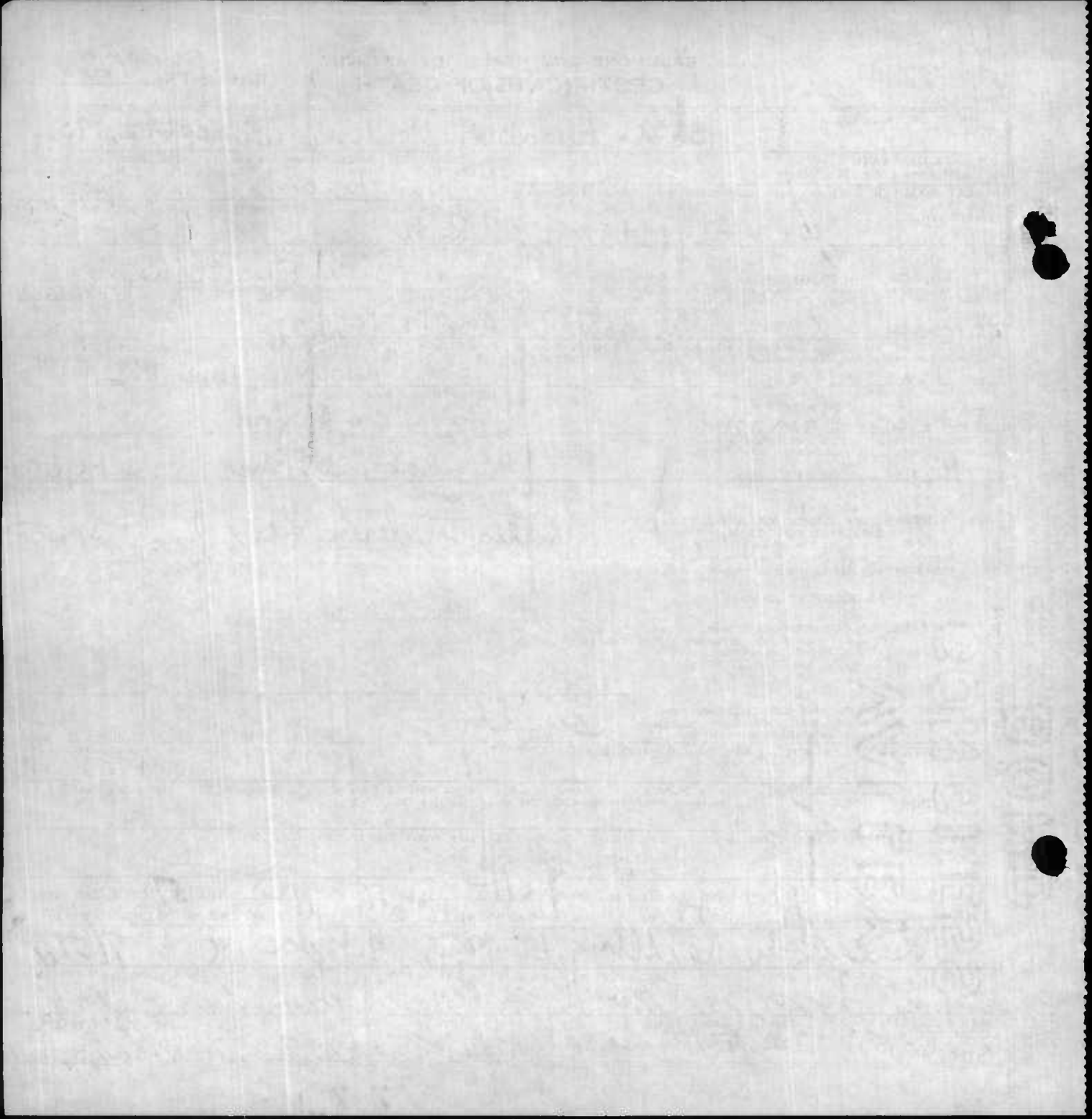
ADDRESS

SEP 6 - 1957

T. W. Williams, M.D.

Mr. Kath. Williams N. Schrock





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 7735

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Annie Rebecca Manning2. DATE  
OF  
DEATH9-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ma.B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hospitals  
4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

220 N. Carey St.-23

c. Length of stay in Baltimore

11 yrs.Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Negro7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

April 5, 19169. AGE (in years  
last birthday)35If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert Monree (D)

14. MOTHER'S MAIDEN NAME

Temple Woodley (D)15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

CAUSE OF DEATH

Hypertensive Cardio Vascular DiseaseINTERVAL BETWEEN  
ONSET AND DEATH  
over  
6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1951, to Sept. 4, 1951, that I last saw the  
deceased alive on Sept. 4, 1951, and that death occurred at 9pm m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-5-5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

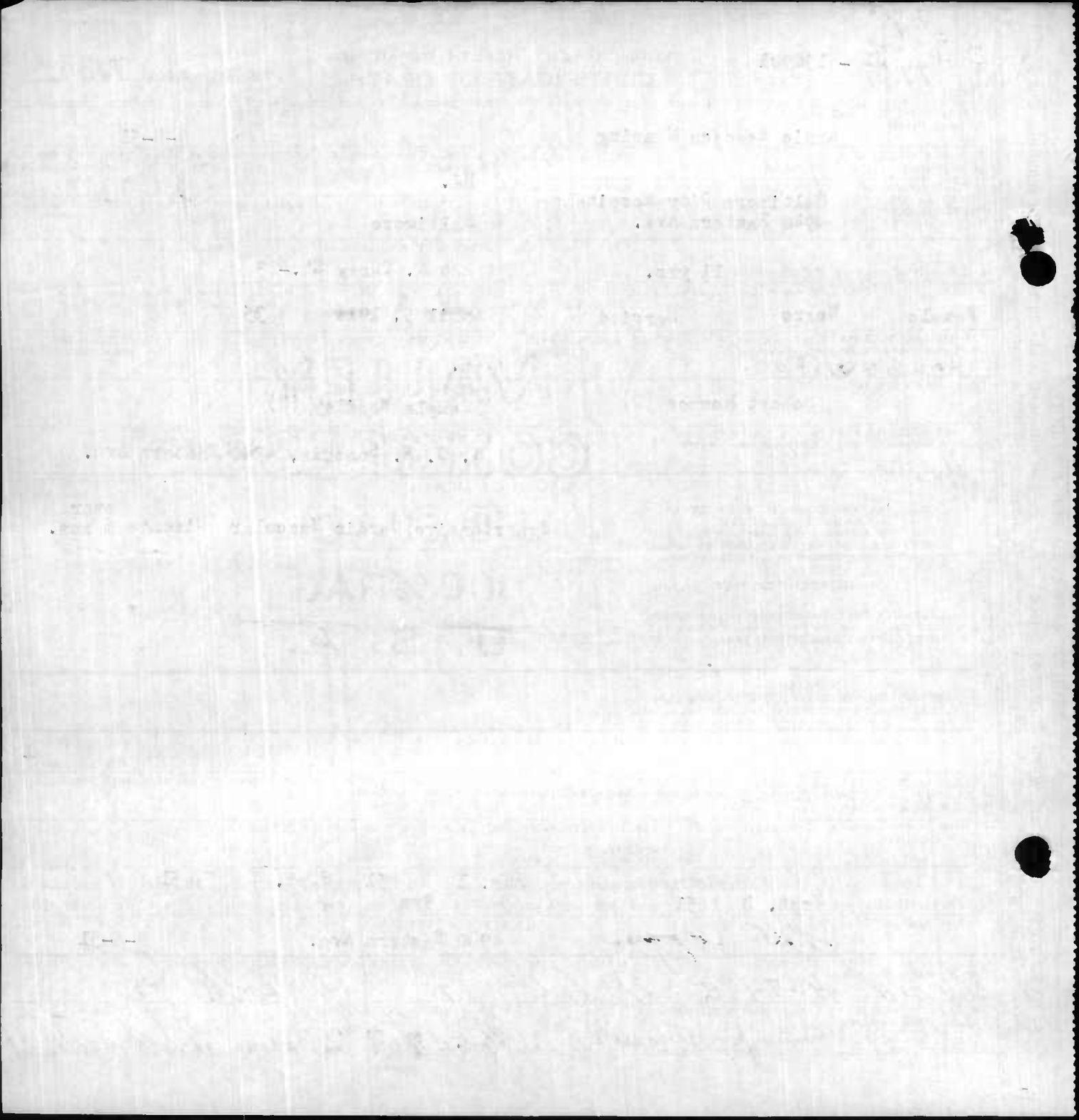
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 6 - 1951Wm. H. Williams, M.D.Wm. H. WilliamsN. Schorady St.



M-532  
51 7736BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7736

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Relia Montgomery</i>		2. DATE OF DEATH <i>Sept. 3, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Dist 3 -</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>New Burnside 5200</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Box 153 - Solby Road</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-7-'17</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>34</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>DILLON S.C.</i>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>CHARLES MCCORMICK</i>	
14. MOTHER'S MAIDEN NAME <i>?</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS	
18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Chronic glomerulo-nephritis</i> DUE TO <i>Hypertension &amp; uraemia 4 mos.</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>8-13-</i> , 1951, to <i>9-3-</i> , 1951, that I last saw the deceased alive on <i>9-3-</i> , 1951, and that death occurred at <i>12:35 P.M.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>E. J. Wang Jr</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>9-3-51</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24B. DATE <i>9/6/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Dillon</i>	
24D. LOCATION (City, town, or county) (State) <i>South Carolina</i>		25. FUNERAL DIRECTOR <i>J. L. Brown &amp; Son - Montgomery St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, MD</i>	

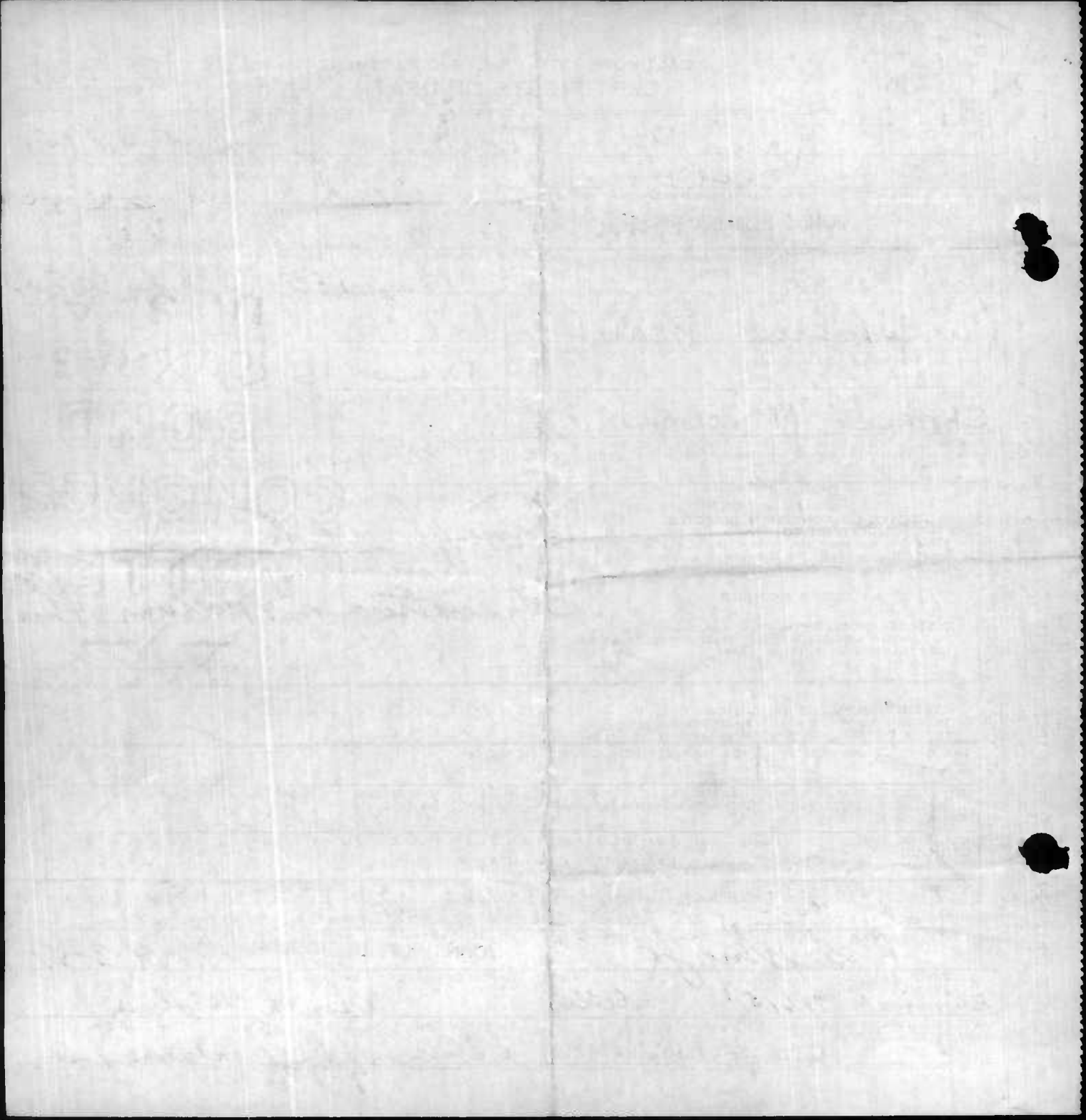
VS 150

51020772

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7737  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Frank Kelt*

2. DATE  
OF  
DEATH

*Sept. 4-1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

*Maryland*

B. COUNTY

\_\_\_\_\_

B. FULL NAME OF HOSPITAL OR INSTITUTION

*3117 Southern Ave*

C. CITY OR TOWN

*Baltimore*

(If outside corporate limits, give R.U.R. L. and give township)

D. STREET ADDRESS (If rural, give location)

*3117 Southern Ave*

c. Length of stay in Baltimore

5. SEX

*male*

6. COLOR OR RACE

*white*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*widow*

8. DATE OF BIRTH

*Feb. 26-1864*

9. AGE (In years, last birthday)

*87*

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Carpenter*

10B. KIND OF BUSINESS OR INDUSTRY

\_\_\_\_\_

11. BIRTHPLACE (State or foreign country)

*Baltimore Md*

12. CITIZEN OF WHAT COUNTRY?

\_\_\_\_\_

13. FATHER'S NAME

*?*

14. MOTHER'S MAIDEN NAME

*?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

\_\_\_\_\_

16. SOCIAL SECURITY NO.

*216-12-5476A*

17. INFORMANT

*Mr. F. P. Kelt*

ADDRESS

*3117 Southern*

18. *153X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of Colon*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Generalized Advanced Atherosclerosis*

INTERVAL BETWEEN ONSET AND DEATH

*?*

*?*

19A. DATE OF OPERATION

*0*

19B. MAJOR FINDINGS OF OPERATION

\_\_\_\_\_

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

\_\_\_\_\_

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

\_\_\_\_\_

21C. WHERE DID INJURY OCCUR?

\_\_\_\_\_

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

\_\_\_\_\_

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

\_\_\_\_\_

22. I hereby certify that I attended the deceased from *Aug 25*, 19*51*, to *Sept 4*, 19*51*, that I last saw the deceased alive on *Aug 25*, 19*51*, and that death occurred at *8P.* m., from the causes and on the date stated above.

23A. SIGNATURE

*Thomas J. Brunner, M.D.*

23B. ADDRESS

*5217 Harford Rd*

23C. DATE SIGNED

*9-5-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9-7-51*

24C. NAME OF CEMETERY OR CREMATORY

*New Cathedral*

24D. LOCATION (City, town, or county)

*Baltimore Md*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

\_\_\_\_\_

REGISTRAR'S SIGNATURE

*Antington Williams, M.D.*

25. FUNERAL DIRECTOR

*L. J. Luck*

ADDRESS

*5305 Harford Rd*

SEP 6 - 1951

19510007722

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Dr. Brennan

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7738  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Lillie Lee Scherer*

2. DATE  
OF  
DEATH

*Sept. 4-1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

\_\_\_\_\_

B. FULL NAME OF HOSPITAL OR INSTITUTION

*Lineridge Nursing Home*

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township

O. STREET ADDRESS (If rural, give location)

*2200 Libbons Ave*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years, last birthday)

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Thompson*

14. MOTHER'S MAIDEN NAME

*?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mr. James J. Scherer 2200 Libbons*

18.

*331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) \_\_\_\_\_  
DUE TO

*Cerebral Hemorrhage*

*4 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO

*Hypertension*

*Unknown*

(C) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *20 Aug*, 19*51*, to *4 Sept*, 19*51*, that I last saw the deceased alive on *4 Sept*, 19*51*, and that death occurred at *3 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 6 - 1951

VS 150

*83a*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY

2014-2015

BOND

10-1-10

10-1-10

3122 Noddum Pkwy

Dr. Osborn

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7739

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANCIS G. GUERKE

2. DATE  
OF  
DEATH

9/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIV. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2914 Joppa Rd

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 11 - 1865

9. AGE (In years  
last birthday)

85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

FERDINAND GUERKE

14. MOTHER'S MAIDEN NAME

Bertha K

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sarah Guerke 2914 Joppa

18. 422.1 and E900.0

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

Arteriosclerotic Cardiovascular Disease

(A) ~~CRANIO CEREBRAL INJURY~~

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

~~FALL DOWN STEPS~~

CERTIFICATION APPROVED BY

M. D.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Cranio cerebral injuries

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

2914 Joppa Road, Baltimore

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9-4-51 9 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

FELL DOWN STEPS

22. I hereby certify that I attended the deceased from 19\_\_ to \_\_, 19\_\_, that I last saw the  
deceased alive on \_\_, 19\_\_, and that death occurred at 12:20 A. m., from the causes and on the date stated above.

22A. SIGNATURE

Thomas G. Jones

M. D.

22B. ADDRESS

Univ. Hospital

22C. DATE SIGNED

9/5/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-7-51

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. H. Buck 5300 Bayford

ADDRESS

SEP 6 - 1951

VS 150

N-855.0

19510007723

937

If the medical examiner  
agrees that the fall was contributing  
as stated - may we have  
the cause underlying please?

CERTIFICATE CORRECTED 9-7-51

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

White, Constance

2. DATE  
OF  
DEATH

9/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

O. STREET ADDRESS (If rural, give location)

2010 Maryland Ave # 17

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

sp Married

8. DATE OF BIRTH

Dec 4/1922

9. AGE (In years  
last birthday)

29 27

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Nurses Aid

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Edward L. Ferns

14. MOTHER'S MAIDEN NAME

Mary McMay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Ferns, 5722 Ranny Road

18.

591X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Nephroses

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Septicemia

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Uremia

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 8/22, 1951, to 9/4, 1951, that I last saw the  
deceased alive on 9/4, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Krusswe

M.O.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

9/4/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

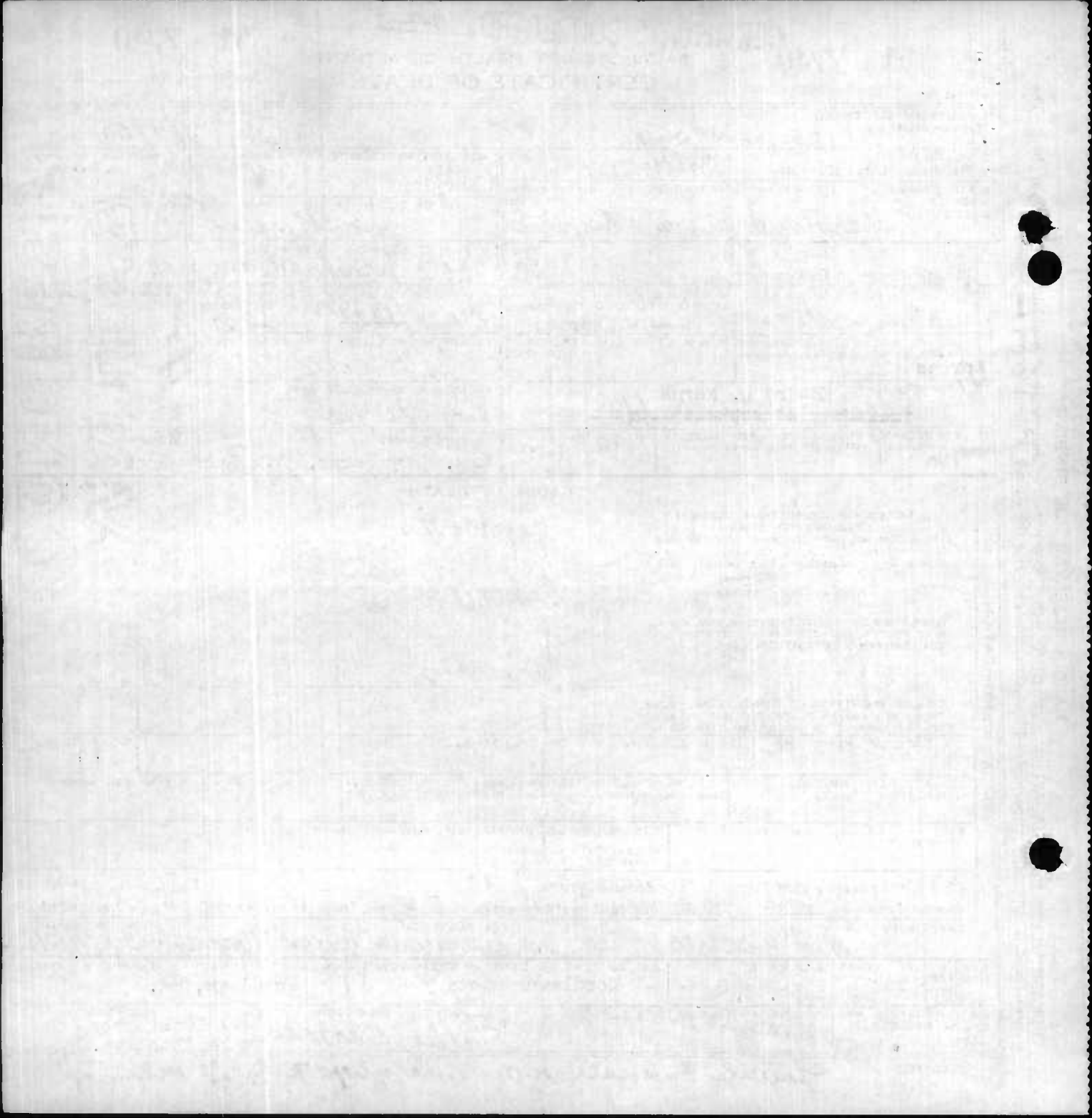
4510 Liberty  
Heights Ave.

SEP 7 - 1951

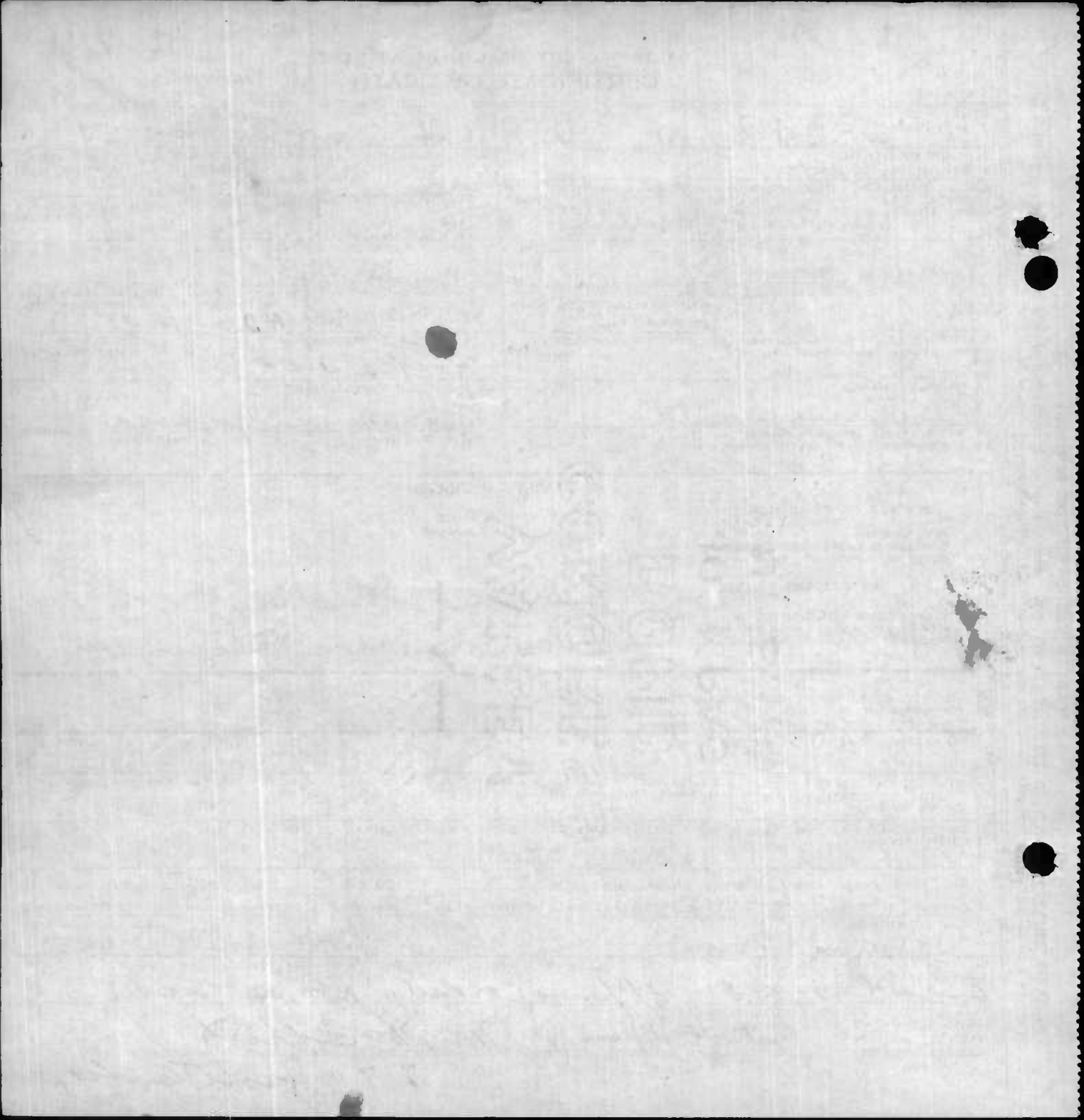
VS 150

Foluek Bakhar, M.O., Maryland General Hospital  
730 AT 133 B









51 7742

51 7742

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Erdman, Minnie L. (Minnie Lynch Erdman)</b>		2. DATE OF DEATH <b>Sept. 4, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>2911 Rosalie Ave.</b>			
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	B. DATE OF BIRTH <b>Oct. 24, 1890</b>	9. AGE (In years last birthday) <b>60</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>State Emp. Comm.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
13. FATHER'S NAME <b>Edward Lynch</b>		14. MOTHER'S MAIDEN NAME <b>Amelia Appel</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>J. Lester Erdman</b>	
18. <b>584X</b>		CAUSE OF DEATH			

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Shock, irreversible</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO <b>Hepatic insufficiency</b>		DUE TO <b>Cholecystitis, Cholelithiasis &amp; Choledocholithiasis; Internal biliary fistula</b>		
DUE TO <b>fistula</b>				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <b>Sept. 3, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>Internal biliary fistula, Cholecystitis, Cholelithiasis, Choledocholithiasis,</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **September 2, 1951** to **September 4, 1951**, that I last saw the deceased alive on **Sept. 4, 1951**, and that death occurred at **12:22 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Edward M. Pelsiek</b>		23B. ADDRESS <b>1400 N. Caroline St.</b>		23C. DATE SIGNED <b>Sept. 4, '51</b>
---	--	--	--	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>9/7/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
---	-------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 7 - 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. Williams</b>	25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>	ADDRESS <b>BALTO. 13, MD.</b>
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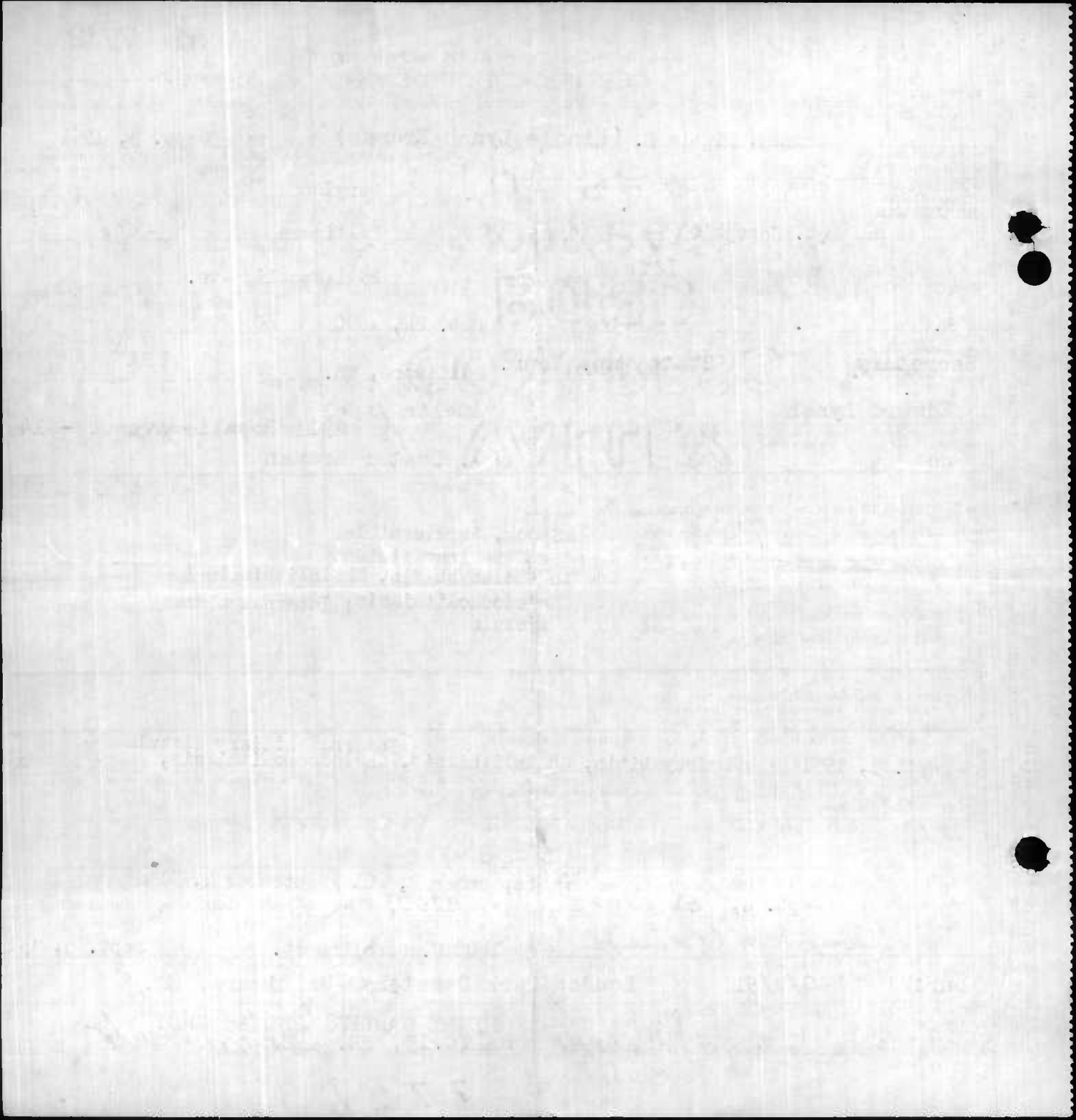
VS 150

350 92 7 7 2 6

126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINT ONLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>SOB KAMENETZ (SAMUEL)</b>		2. DATE OF DEATH <b>9/6/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>BALTIMORE</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>MARYLAND 13-04</b>			
c. Length of stay in Baltimore <b>50</b> Yrs. <del>Mos.</del> <del>Days</del>		D. STREET ADDRESS (If rural, give location) <b>2304 BRYANT AVE</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH	9. AGE (In years last birthday) <b>68</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TAILOR</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Russia</b>	
13. FATHER'S NAME <b>Russ</b>		14. MOTHER'S MAIDEN NAME <b>Anna</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Sora Kamenetz</b> ADDRESS <b>Same</b>	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>CARCINOMATOSIS</b> DUE TO (B) <b>CARCINOMA OF STOMACH</b> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>			
19A. DATE OF OPERATION <b>AUG 24, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>METASTASES IN LIVER, PANCREAS, MESENTERY</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-23</b> , 19 <b>51</b> , to <b>9/6</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9/6</b> , 19 <b>51</b> , and that death occurred at <b>11:40</b> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <b>Erwin Williams</b>		23B. ADDRESS <b>Sinai Hospital</b>		23C. DATE SIGNED <b>9/6/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-7-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Bnai Israel</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 7 - 1951</b>		REGISTRAR'S SIGNATURE <b>Erwin Williams, M.D.</b>		24D. LOCATION (City, town, or county) (State) <b>Balto, Md</b>	
VS 150		25. FUNERAL DIRECTOR <b>Jack Lewis Inc</b>		ADDRESS <b>2100 Centaur R</b>	

590850 27727

46B



(3000)

3

10



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7744

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH OGLE

2. DATE  
OF  
DEATH

SEPT 5 - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence -  
before admission)

A. STATE

B. COUNTY

MARYLAND.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

607 N CASTLE STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 7-05

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

607 N. CASTLE ST.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JULY 14 1872

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR  
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

STRONHECKER

14. MOTHER'S MAIDEN NAME

ELIZABETH. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

THOMAS W. OGLE 607 N CASTLE ST.

18.

491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4 1951 to 9/5, 1951, that I last saw the  
deceased alive on 9/5, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

SEPT 8 1951

NEW CATHEDRAL CEM

OLD FREDERICK RD

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

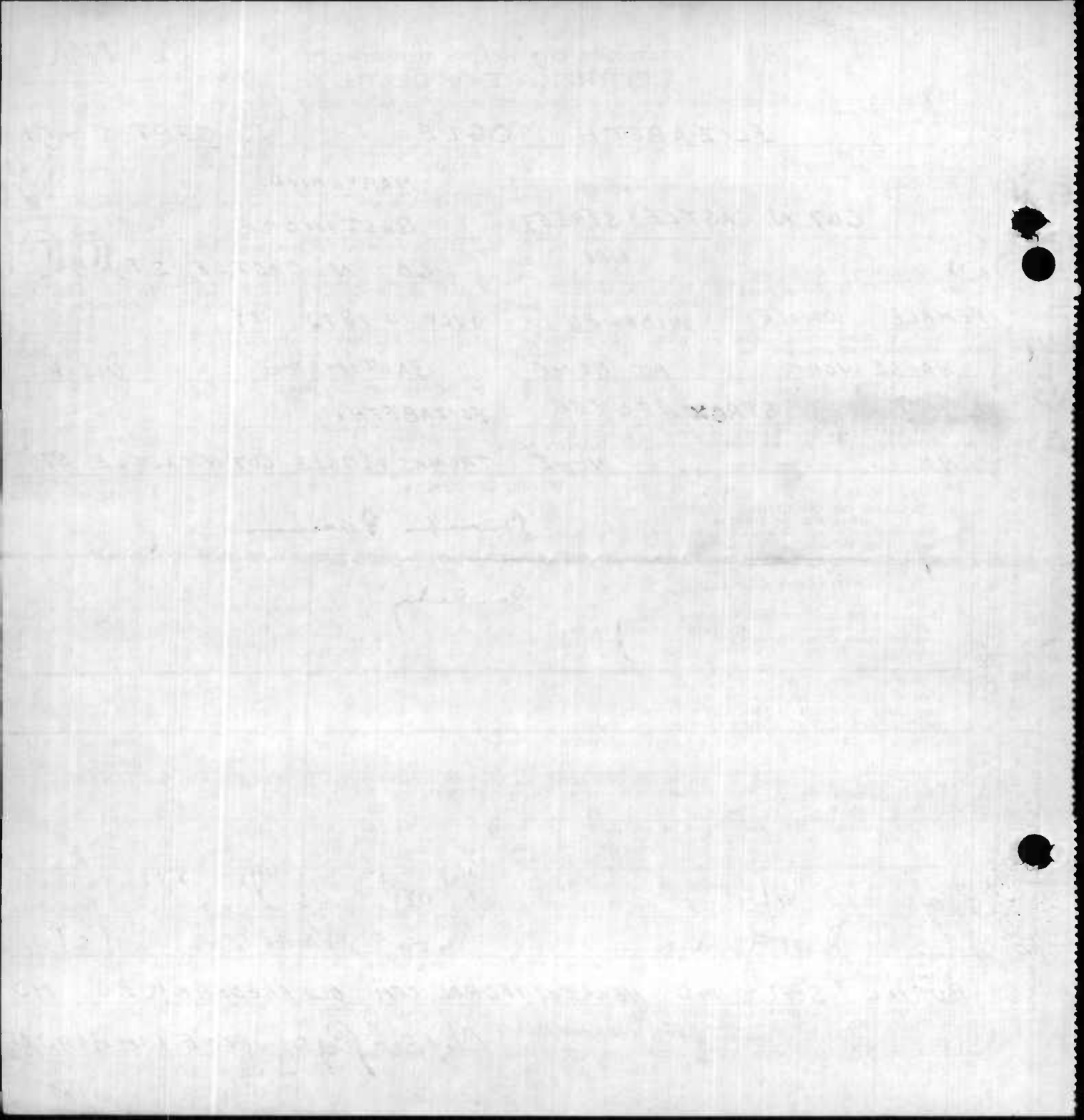
SEP 7 - 1951

Huntington Williams, M.D.

Rippel Bros. 1800 E LOMBARD ST.

VS 150

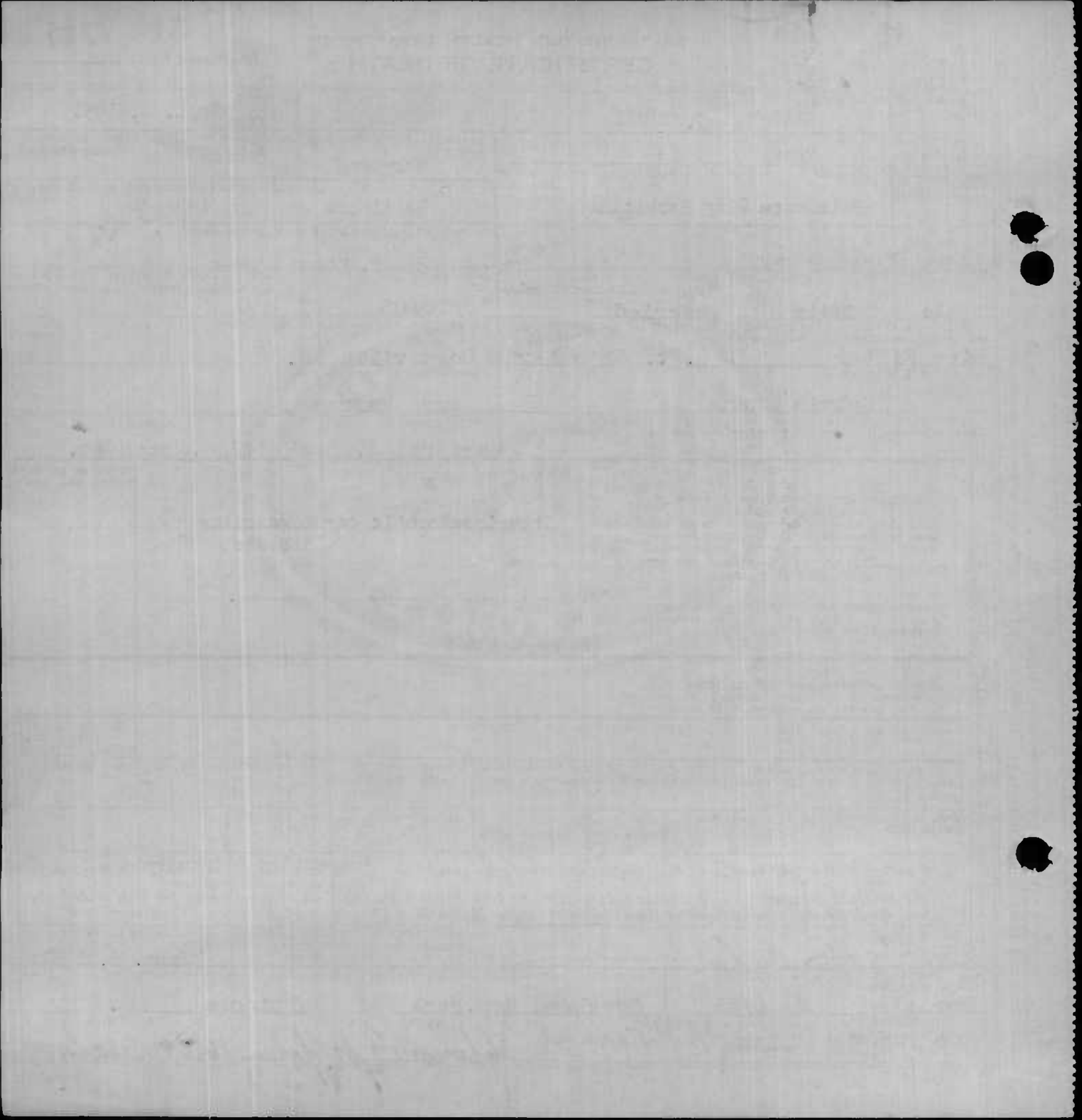
107



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7745		51 7745	
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) JACOB C. SHANK		2. DATE OF DEATH Sept. 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-07	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 342 S. Macon Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/16/85
9. AGE (in years last birthday) 66		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		10B. KIND OF BUSINESS OR INDUSTRY S.Pt. Ship Yards	
11. BIRTHPLACE (State or foreign country) Downsville Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Calvin Shank		14. MOTHER'S MAIDEN NAME Anna Farrow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Margaret E. Shank		ADDRESS 342 S. Macon St.	
18. 4721 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriosclerotic cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley K. Dunsche		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> Sept. 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/10/51	
24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 7 - 1951		REGISTRAR'S SIGNATURE Laurance F. Hoffman	
25. FUNERAL DIRECTOR Laurance F. Hoffman		ADDRESS 1639 Broadway	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bertha M. Streets

2. DATE  
OF  
DEATH Sept. 6, 19513. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2404 Guilford Ave.

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 8, 1884

9. AGE (In years last birthday)

65

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

McKeesport Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Campbell

14. MOTHER'S MAIDEN NAME

Mary Christman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm. Streets 2404 Guilford Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Acute Myocardial Failure

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7:17, 1951 to 9:16, 1951, that I last saw the deceased alive on 9/10, 1951, and that death occurred at 9:16 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR  
SEP 7 - 1951REGISTRAR'S SIGNATURE  
L. Williams

25. FUNERAL DIRECTOR

ADDRESS

Clarence F. Hoffmann 1639 N. BROADWAY



CAUTION: READ INSTRUCTIONS  
BEFORE USING THIS EQUIPMENT

1. Connect the power cord to the power source.

2. Turn the power switch on.

3. The power source is now connected to the power source.

M-600  
51 7747

51 7747

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

CATHERINE MAHR (MAHR)

2. DATE  
OF  
DEATH

Sep 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Sinai Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE SINAI HOME

D. STREET ADDRESS (If rural, give location)

MONUMENT + RUTLAND AVE

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MAR 30, 1855

9. AGE (In years  
last birthday)

96

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MATRON

10B. KIND OF BUSINESS OR  
INDUSTRY

SINAI HOME

11. BIRTHPLACE (State or foreign country)

OAKLAND MD

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 2612

MILTON POLSTER - GWYNNDAGE AV

18.

493X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Semi-ly

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Sept 6, 1951, that I last saw the  
deceased alive on Sept 6, 1951, and that death occurred at 10 m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Shandley

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

Sept 6, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wilmington Funeral Home

ADDRESS 2008

Delaware St

SEP 7 - 1951

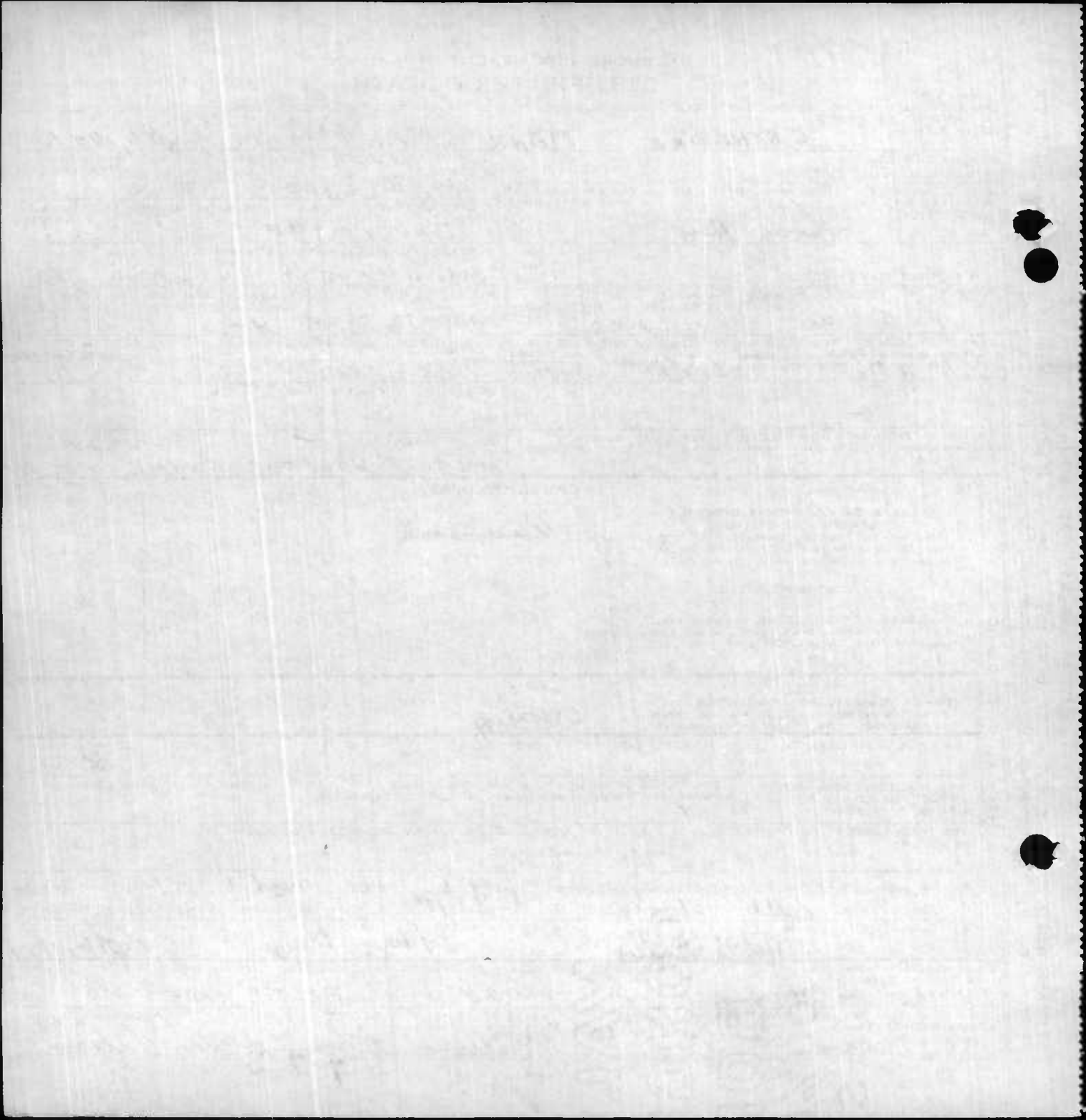
VS 150

19510007751

109B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7748 BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH** Registered No. 51 7748

BIRTH NO.

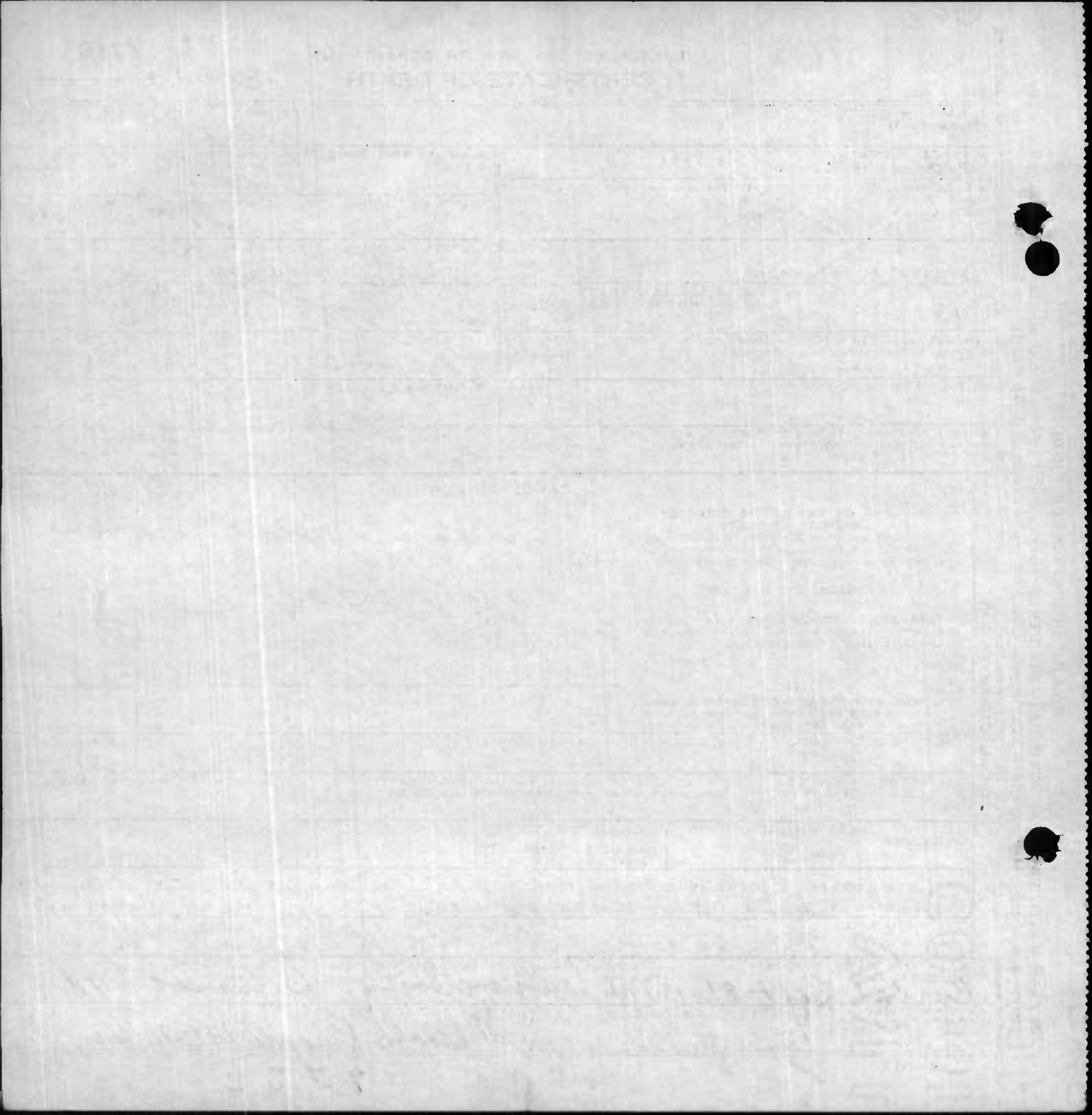
1. NAME OF DECEASED (Type or Print) <i>Blanch Johnson</i>		2. DATE OF DEATH <i>Sept 5, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>701 W. Alhambra</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balt.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>000</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-01</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>701 W. Alhambra</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>ms</i>	8. DATE OF BIRTH <i>Sept 11, 1896</i>
9. AGE (In years, last birthday) <i>55</i>		9. AGE (In years, last birthday) Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Heaven, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>Balt.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Richard Johnson</i>		ADDRESS <i>701 W. Alhambra</i>	

18. *443X I* DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
 (A) *Congestive Heart Failure* DUE TO  
 ANTECEDENT CAUSES  
 (B) *H C V Disease* DUE TO  
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
 (C)  
 II  
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH  
*2 w*  
*?*

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 12, 1951</i> , to <i>Sept 5, 1951</i> , that I last saw the deceased alive on <i>Sept 5, 1951</i> , and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John McDowell</i>		23B. ADDRESS <i>544 N. Carey</i>		23C. DATE SIGNED <i>9/6/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 8/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>W. Brooks Ruggold</i>		ADDRESS <i>14637 N. Carey St</i>	

DATE RECEIVED BY LOCAL REGISTRAR  
 REGISTRAR'S SIGNATURE  
 VS 150



51 7749

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7749  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN

T

SMALLWOOD, Jr

2. DATE  
OF  
DEATH

Sept. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

18-03

township)

D. STREET ADDRESS (If rural, give location)

47 S. Poppleton Street

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/29/1919

9. AGE (In years  
last birthday)

32

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Rigger

10B. KIND OF BUSINESS OR  
INDUSTRY

City of Balto

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John T. Smallwood Sr.

14. MOTHER'S MAIDEN NAME

Lucy Drury

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

yes

World War II

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

Mrs Bessie M. Smallwood Poppleton

ADDRESS

47 S. Poppleton St.

18.

E 902.51

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Multiple fractures

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Rupture of diaphragm

DUE TO

(C) Rupture of intrathoracic portion of

stomach

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

Bath St. &amp; Fallsway

4-01

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Aug. 27, 1951 1:45 P. m.

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☒AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell from scaffolding to street

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsen

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 6, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

New Balto Natl.

24D. LOCATION (City, town, or county)

5300 Old Frederick Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 7 - 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan &amp; Son

ADDRESS

251 - St.

VS 151

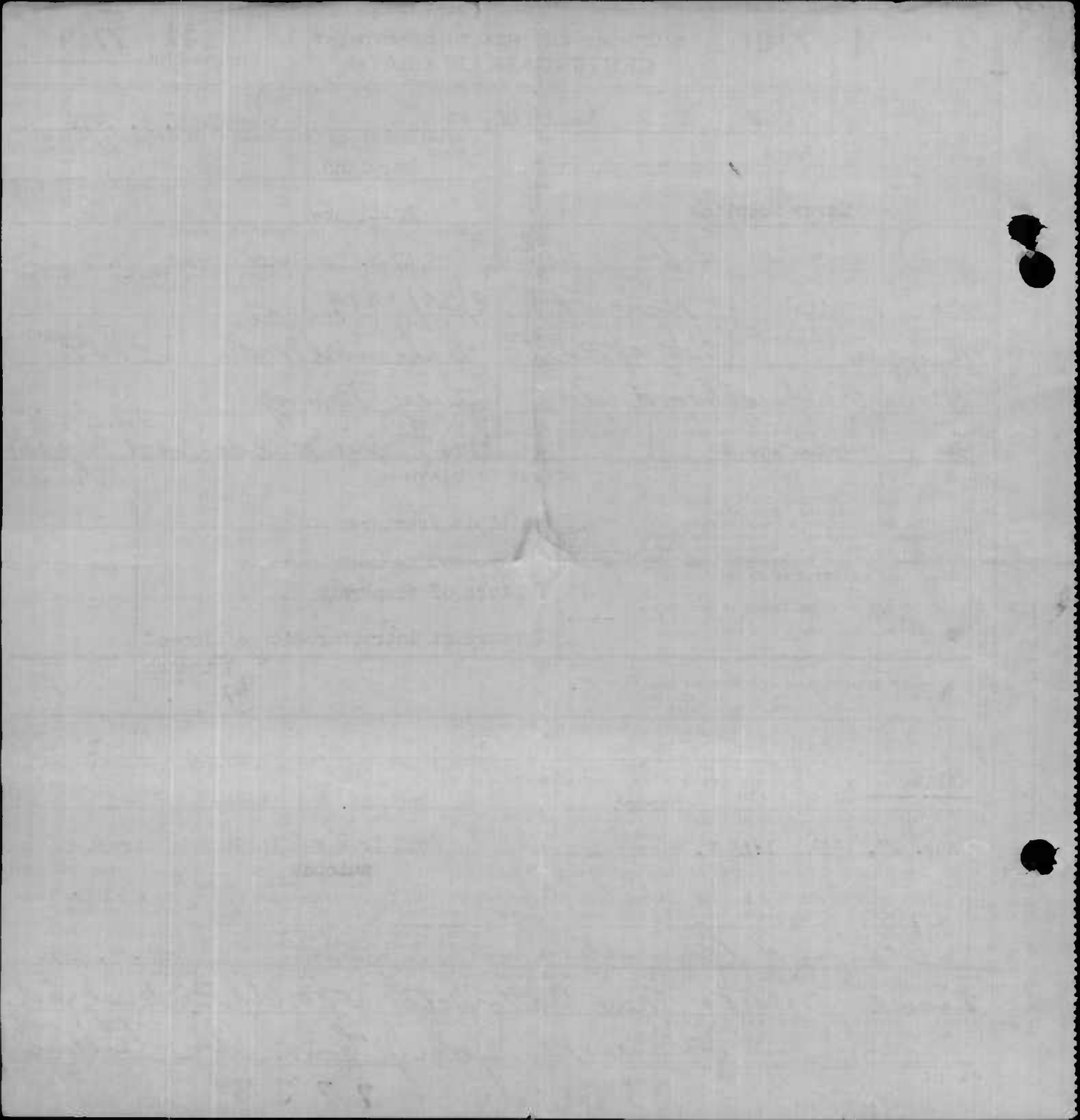
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186a





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7750  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**Demetria Vda De Lizares**

2. DATE  
OF  
DEATH

**September 5, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

**Philippine Islands**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Negros Occident**

D. STREET ADDRESS (If rural, give location)

**Talisay**

c. Length of stay in Baltimore

**2**

\*\*\*  
Mos.  
Day

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**6-21-96**

9. AGE (In years last birthday)

**55**

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Sugar Planter**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Philippines**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Mamerto De Oca**

14. MOTHER'S MAIDEN NAME

**Angela**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**JOHNS HOPKINS HOSPITAL**

18.

**153X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Carcinomatous**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

**Carcinoma of colon**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

**2 yrs.**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**July 17, 1951**

19B. MAJOR FINDINGS OF OPERATION

**Carcinoma of colon**

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **9-4**, 19**51**, to **9-5**, 19**51**, that I last saw the deceased alive on **7-5**, 19**51**, and that death occurred at **9:30** a. m., from the causes and on the date stated above.

23. SIGNATURE

**David J. Sabiston Jr.**

M. D.

23B. ADDRESS

**JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED

**9/6/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Sept. 9, 1951**

24C. NAME OF CEMETERY OR CREMATORY

**Negros Occidental**

24D. LOCATION (City, town, or county)

**Philippine Islands**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Wilmington Williams, M.D.**

25. FUNERAL DIRECTOR

**John O. Mitchell, Jr.**

ADDRESS

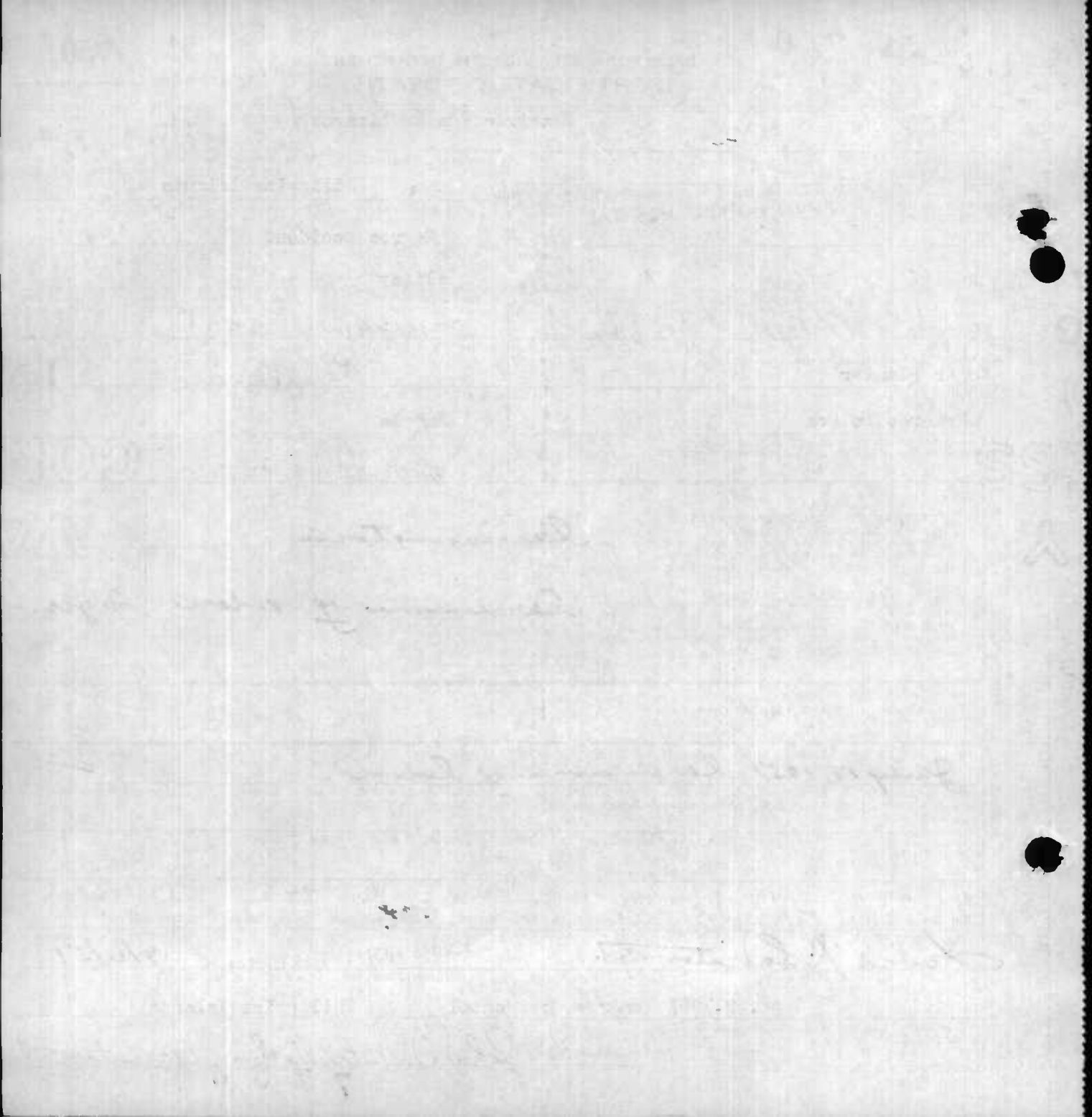
**1900 Eutaw Pl.**

VS 150

150910007734 46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



N-135

51 7751

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7751

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>JOSEPH PAUL NOVOTNY</b>			2. DATE OF DEATH <b>Sept. 4, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Maryland General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>life</b>			D. STREET ADDRESS (If rural, give location) <b>1948 Linden Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Oct. 28, 1943</b>	9. AGE (In years last birthday) <b>7</b>	10. Under 1 Year Months: Days: <b>14-01</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Joseph Novotny</b>			14. MOTHER'S MAIDEN NAME <b>Janet Sovel</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Joseph Novotny 1948 Linden Ave.</b>		

18. <b>E812.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fracture of skull with cranio-cerebral injury</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) <b>Fracture of skull with cranio-cerebral injury</b> (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>North Avenue &amp; Eutaw Place</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept. 4, 1951 11:50 A.M.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by auto</b>
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <b>R. S. Fisher</b>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Sept. 4, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>9 - 8 - 51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 7 - 1951</b>	REGISTRAR'S SIGNATURE <b>Sturtevant Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>John O. Mitchell &amp; Sons, Inc.</b>	ADDRESS <b>-1900 Eutaw Pl.</b>
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VS 151

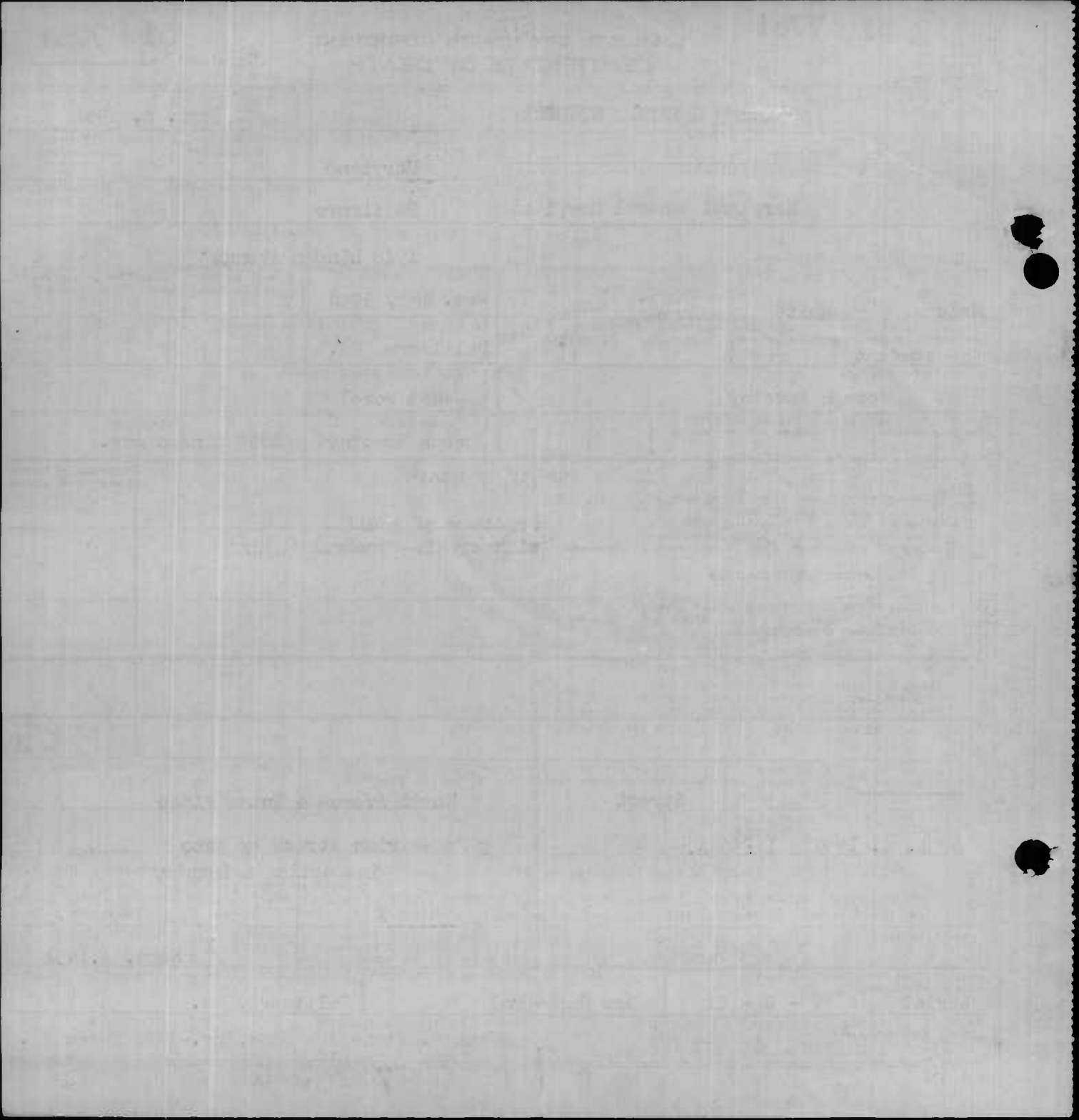
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M. B. Mitchell

170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LYDIA W. MORITZ

2. DATE  
OF  
DEATH

Sept. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Germany

12-03

c. Length of stay in Baltimore

eighty

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

Southern Home Hosp. - Greenmount Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Mar. 31, 1866

9. AGE (In years  
last birthday)

85

If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR  
INDUSTRY  
Men's Clothing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U. S.

13. FATHER'S NAME

Wiegand

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Harry Jessnitzer - 2104 Dobler Ave.

18. 344a and E 953.7

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypersensitivity to novacaine

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic cardiovascular disease  
Hydrocephalus ex vacuo.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
Hospital21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Sinai Hospital

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

8:38 A.M. Sept. 6, 1951 m.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Injection of Novacaine

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley B. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 6, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial

24B. DATE

9 - 8 - 51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Pl.

VS 151

1 - 9742

1 - 95

J. O. Mitchell

937

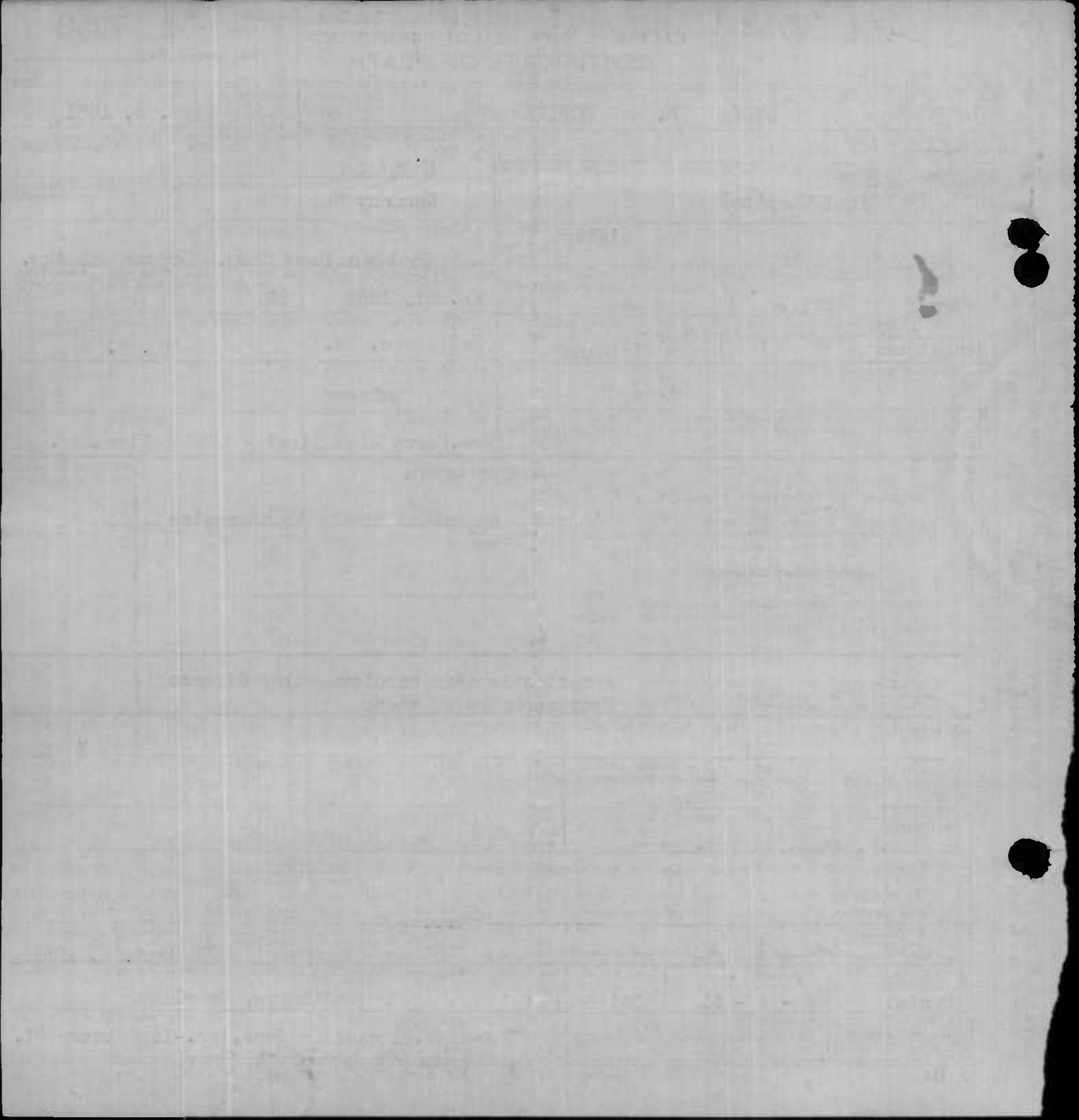
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MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





51 7753

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7753

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alice Irma Stewart

2. DATE  
OF  
DEATH

Sept. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Long Green Nursing Home

60 115 E. Melrose Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

540 Beaumont Ave.

c. Length of stay in Baltimore

60 Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

July 10, 1874

9. AGE (In years  
last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Dorchester Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U. S.

13. FATHER'S NAME

Levin H. Stewart

14. MOTHER'S MAIDEN NAME

Elizabeth Pattison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Bennett-521 Overbrook Rd.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *cerebral hemorrhage*  
DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Generalized arteriosclerosis*  
DUE TO

5 years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1951, to Sep 6, 1951, that I last saw the deceased alive on Sep 5, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

*George Sawyer*

23B. ADDRESS

M. D.

4808 Harford Road

23C. DATE SIGNED

9 - 7 - 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9 - 8 - 51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 7 - 1951

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

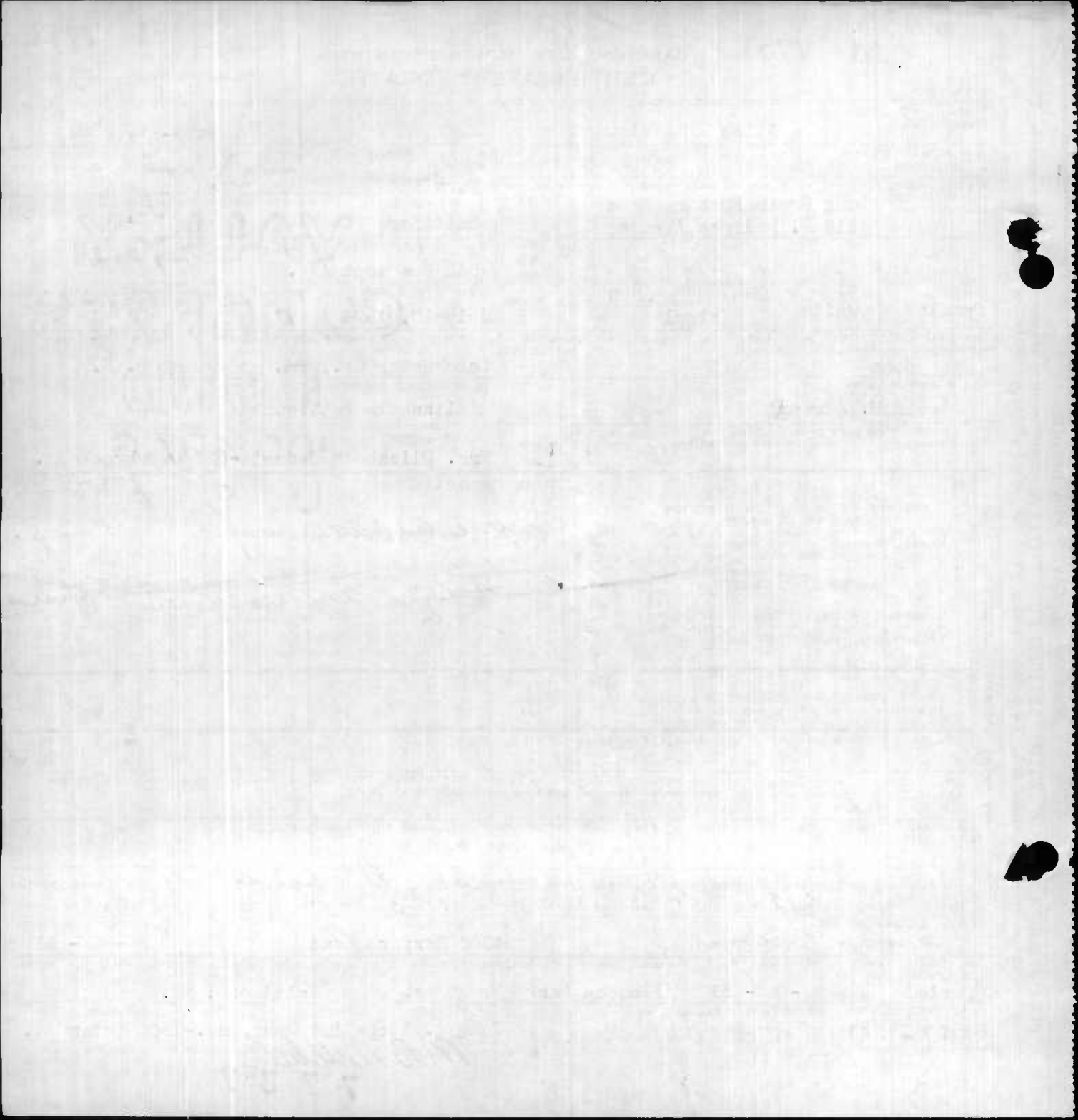
ADDRESS

John O. Mitchell &amp; Sons, Inc.-1900 Eutaw Pl.

*John O. Mitchell*

VS 150

*Dr. Sawyer 51 7753 82a*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 7754

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 7754

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Calvin E. Johnson</b>		2. DATE OF DEATH <b>Sept. 4, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>11-04</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1312 Eutaw Place</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1312 Eutaw Place</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 29-1870</b>	9. AGE (In years last birthday) <b>81</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Time Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Hotel-Southern</b>	11. BIRTHPLACE (State or foreign country) <b>Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Johnson</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-18-3642</b>		17. INFORMANT ADDRESS <b>Records</b>	
18. <b>177x</b>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Carcinoma of Prostate</b>			<b>2 years</b>
DUE TO		(B)			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Rheumatic Heart disease</b>			<b>3 years</b>
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>None</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>October 1949</b> to <b>September 1951</b> that I last saw the deceased alive on <b>Sept 4, 1951</b> , and that death occurred at <b>6:00 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Stan Selmer</b>		23B. ADDRESS <b>1308 Eutaw Place</b>		23C. DATE SIGNED <b>Sept 4, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 7-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery Baltimore Maryland</b>	
24D. LOCATION (City, town, or county) (State)		DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 7-1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams, Jr.</b>	
VS 150		F. B. WIPPERT & SON, 1300 Eutaw Pl. 17		51 B	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7755

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FREEMAN TABLER RUTLEDGE

2. DATE  
OF  
DEATH

9-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

Harford

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

STREET

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

m

6. COLOR OR RACE

white

7. SINGLE, ~~MARRIED~~

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-11-1900

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

NICHOLAS RUTLEDGE

14. MOTHER'S MAIDEN NAME

MARY ELIZABETH FAMOUS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or ookoowo) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

wife

ADDRESS

(same)

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) AIR EMBOLI TO CORONARY VESSELS ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) SPONTANEOUS PNEUMOTHORAX ?

(C) RUPTURE OF EMPHYSEMATOUS BLEB ?

INTERVAL BETWEEN ONSET AND DEATH

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MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOBIOGRAPHY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30, 1951, to 8-6-1951, that I last saw the deceased alive on 8/6, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

M. O.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

9/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

Highland Cem.

24D. LOCATION (City, town, or county)

Harford Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 7 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. S. Bailey

ADDRESS

Darlington Md



CERTIFICATE OF DEATH

703

1. Name of deceased		2. Sex		3. Race	
4. Date of birth		5. Date of death		6. Place of death	
7. Usual residence		8. Cause of death		9. Manner of death	
10. Signature of physician		11. Signature of medical examiner		12. Signature of registrar	
13. Signature of funeral director		14. Signature of informant		15. Signature of witness	

CERTIFICATE CORRECTED 9/20/51 - ES  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7756

51 7756

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mrs. Grace Geoghegan			2. DATE OF DEATH 9/6/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 2317 B. COUNTY N. Monroe St. Balto-17-Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			D. STREET ADDRESS (If rural, give location) 15-04			c. Length of stay in Baltimore Life Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/25/86		9. AGE (in years last birthday) 65	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Mitchell			14. MOTHER'S MAIDEN NAME Laura Robins			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mildred Rieder, 2317 N. Monroe Avenue			ADDRESS		
18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancerosis (A) DUE TO Generalized abdominal carcinoma with probable primary site -- sigmoid (over) (B) DUE TO (C) DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8-20, 1951, to 9-6, 1951, that I last saw the deceased alive on 9-6, 1951, and that death occurred at 10:55 p.m., from the causes and on the date stated above.								
23A. SIGNATURE Jean Mendoza			23B. ADDRESS 2025 W. Fayette			23C. DATE SIGNED 9-6-51		
24A. BURIAL, CREMATION, REMOVAL (Specify) burial			24B. DATE 9/10/51			24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		
24D. LOCATION (City, town, or county) Baltimore,			24E. LOCATION (City, town, or county) Maryland			24F. LOCATION (City, town, or county) State		
DATE RECEIVED BY LOCAL REGISTRAR SEP 7 - 1951			REGISTRAR'S SIGNATURE H. H. Williams, M.D.			25. FUNERAL DIRECTOR Wm. Cook, Inc.		
ADDRESS 1217 St. Paul Street								

VS 150

19510007740 46E

See Document File 51-7756

9/20/51

TS

R-530  
51 7757BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH  
Vincent Renda.

Registered No. 51 7757

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Vincent Renda

2. DATE  
OF  
DEATH

Sept. 5, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2600 Oswego Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

2600 Oswego Ave.,

c. Length of stay in Baltimore

45 Yrs.

xxx Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Nov. 21, 1881

9. AGE (In years last birthday)

69

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

self employed

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Angelo Renda

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.  
none

17. INFORMANT

ADDRESS

Miss Yolanda Renda, 2600 Oswego Ave.

18. 4/20.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

Coronary Disease

ANTECEDENT CAUSES

(B) .....

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Sept. 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

Sept. 8, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese M. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Norman L. Loman

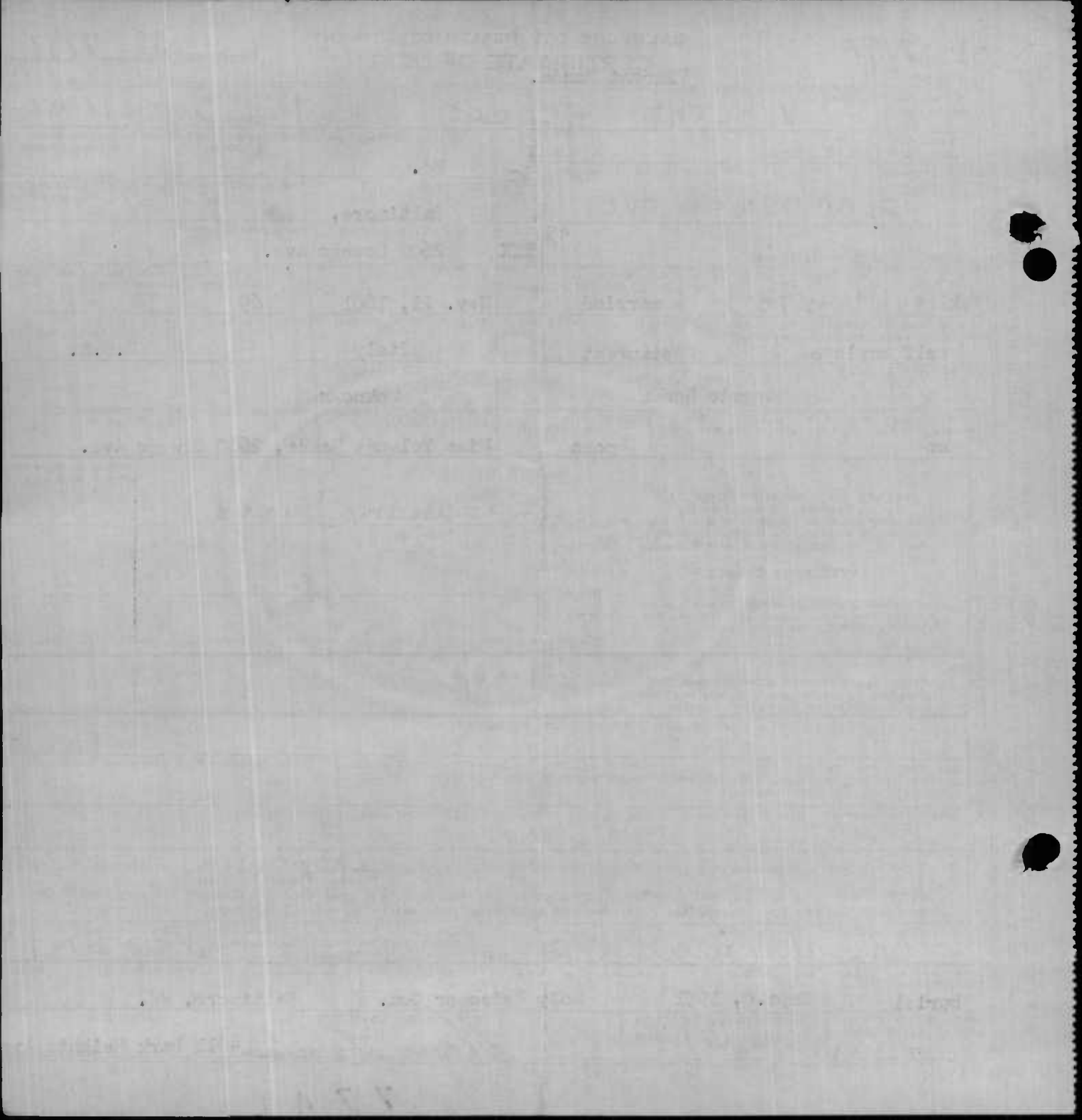
4611 Park Heights Ave.

SEP 7 - 1951

VS 151

52 F054 0 7 7 4 1

94a



P-620 CERTIFICATE CORRECTED 10/1/51 PARAHUZ ES

51 7758

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7758  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Samuel Parahuz

2. DATE  
OF  
DEATH

September 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1308 Beason St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-14-91

9. AGE (In years)

60

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Savas Parahuz

14. MOTHER'S MAIDEN NAME

Jessie Rucke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia and Pulmonary edema 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of bladder, urinary 4 months

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral thrombosis

19A. DATE OF OPERATION

9/25/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Bladder

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-14, 1951, to 9-5, 1951, that I last saw the deceased alive on 9-5, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

C. W. Butler

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7 - 1951

J. W. Williams, M.D.

Fred W. Ozaszewski



See Document File 5 -7753

10/1/51

ES

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 7759

BIRTH NO. 7759

1. NAME OF DECEASED  
(Type or Print)

Mary Butch

2. DATE  
OF  
DEATH

Sept. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

822 Hillman Court

C. CITY OR TOWN (If outside corporate limits, write R.U. and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

822 Hillman Court

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

June 13, 1879

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Huttenberger

14. MOTHER'S MAIDEN NAME

Eliza Saville

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Charles W. Munch, 1206 Weldon Avenue

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular  
Accident

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 7, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Kammer, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul Street

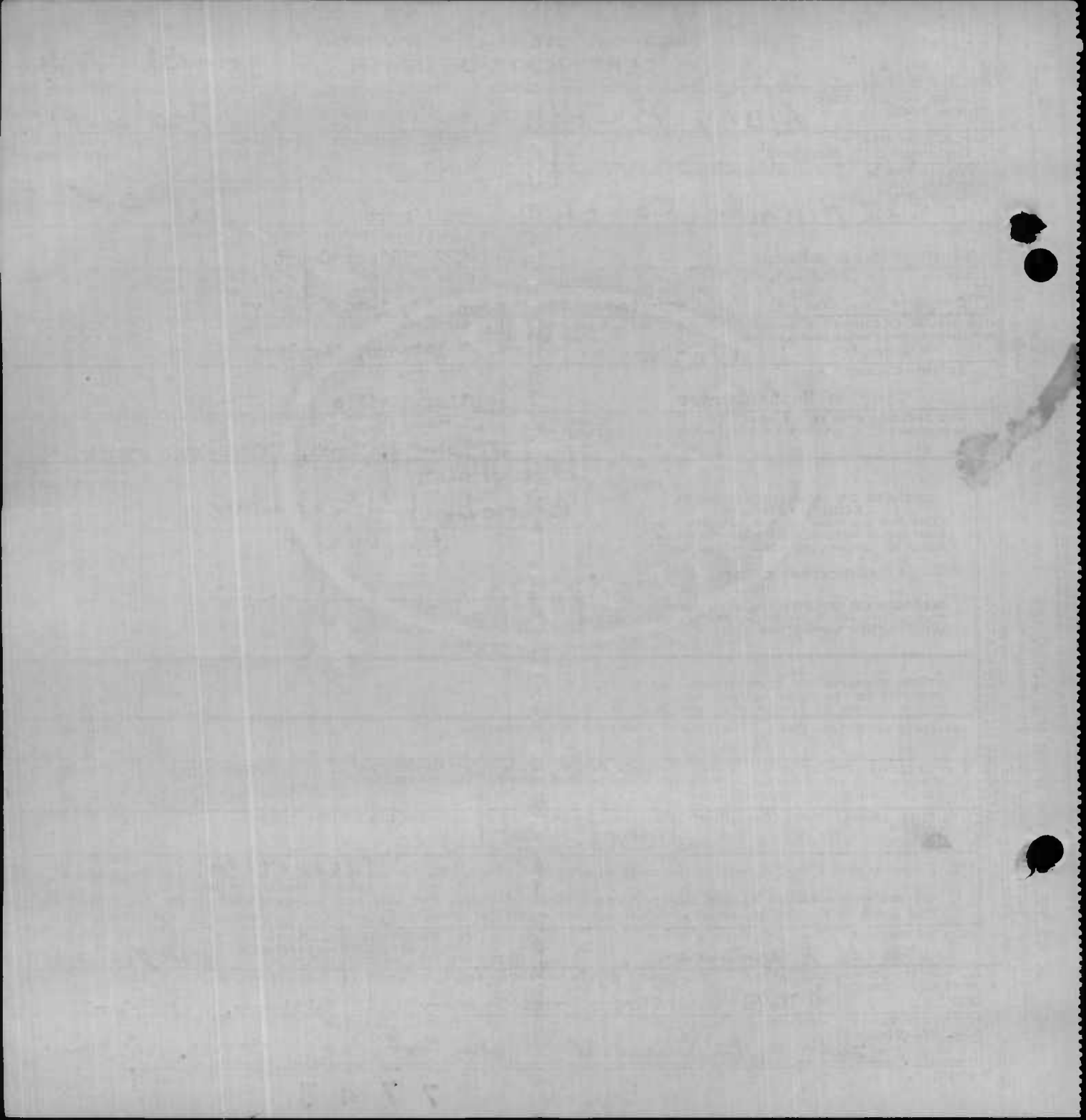
VS 151

19510007743

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7760

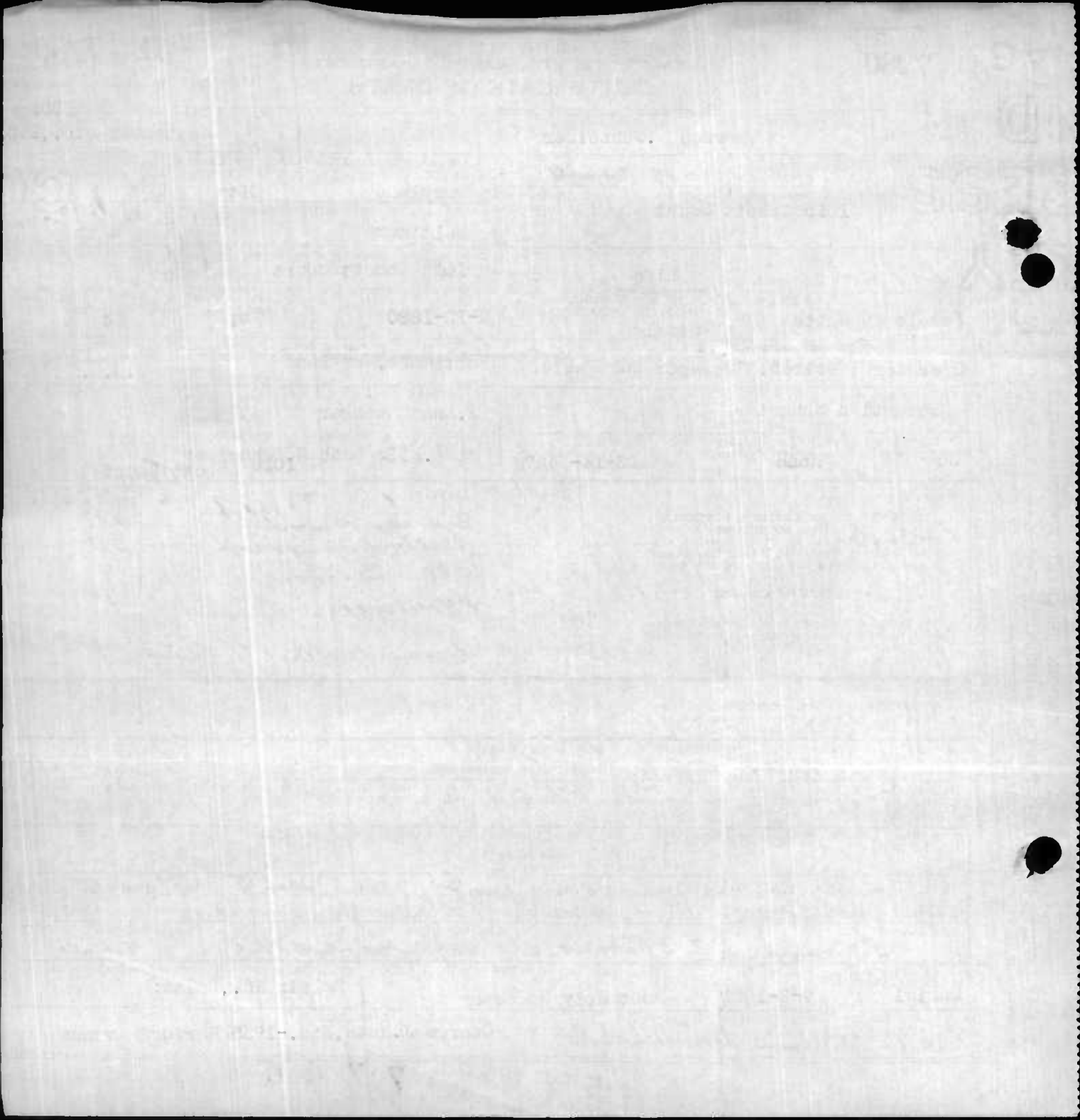
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Theresa A. Schneider</b>		2. DATE OF DEATH <b>September 5th., 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1015 arden Ct</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>City</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>IO15 Abbott Court</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>IO15 Abbott Court</b>		10-02	
c. Length of stay in Baltimore <b>Life</b>		Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>2-12-1880</b>
9. AGE (In years, last birthday) <b>71</b>		10. Under 1 Year Months: <b>6</b> Days: <b>24</b>	11. Under 24 Hours Hours: <b>24</b> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator (Retired)</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Paper Box Factory</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Sebastian Schneider</b>		14. MOTHER'S MAIDEN NAME <b>J. Anna Stenger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>213-14-9427A</b>	
17. INFORMANT <b>Miss. Elizabeth G. Schneider</b>		ADDRESS <b>IO15 Abbott Court</b>	
18. <b>592X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Braun's Pneumonia</b> <b>Cerebral Hemorrhage</b> <b>arterio Sclerosis</b> <b>Hypertension</b>		CAUSE OF DEATH <b>Braun's Pneumonia</b> <b>Cerebral Hemorrhage</b> <b>arterio Sclerosis</b> <b>Hypertension</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3d</b> <b>5d.</b> <b>1 1/2</b> <b>1 yr</b>	
19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 5</b> , 1951, to <b>Sept 5</b> , 1951, that I last saw the deceased alive on <b>Sept 4</b> , 1951, and that death occurred at <b>2 a</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>S. Thomas F. A. Stenger</b>		23B. ADDRESS <b>2878 Harford Rd</b>	
23C. DATE SIGNED <b>9-6-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-8-1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Most Holy Redeemer</b>		24D. LOCATION (City, town, or county) (State) <b>Belair Rd., Balto:</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 7 - 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>George J. Ruth, Inc.</b>		ADDRESS <b>-1735 Harford Avenue</b>	

51 7760

131a



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

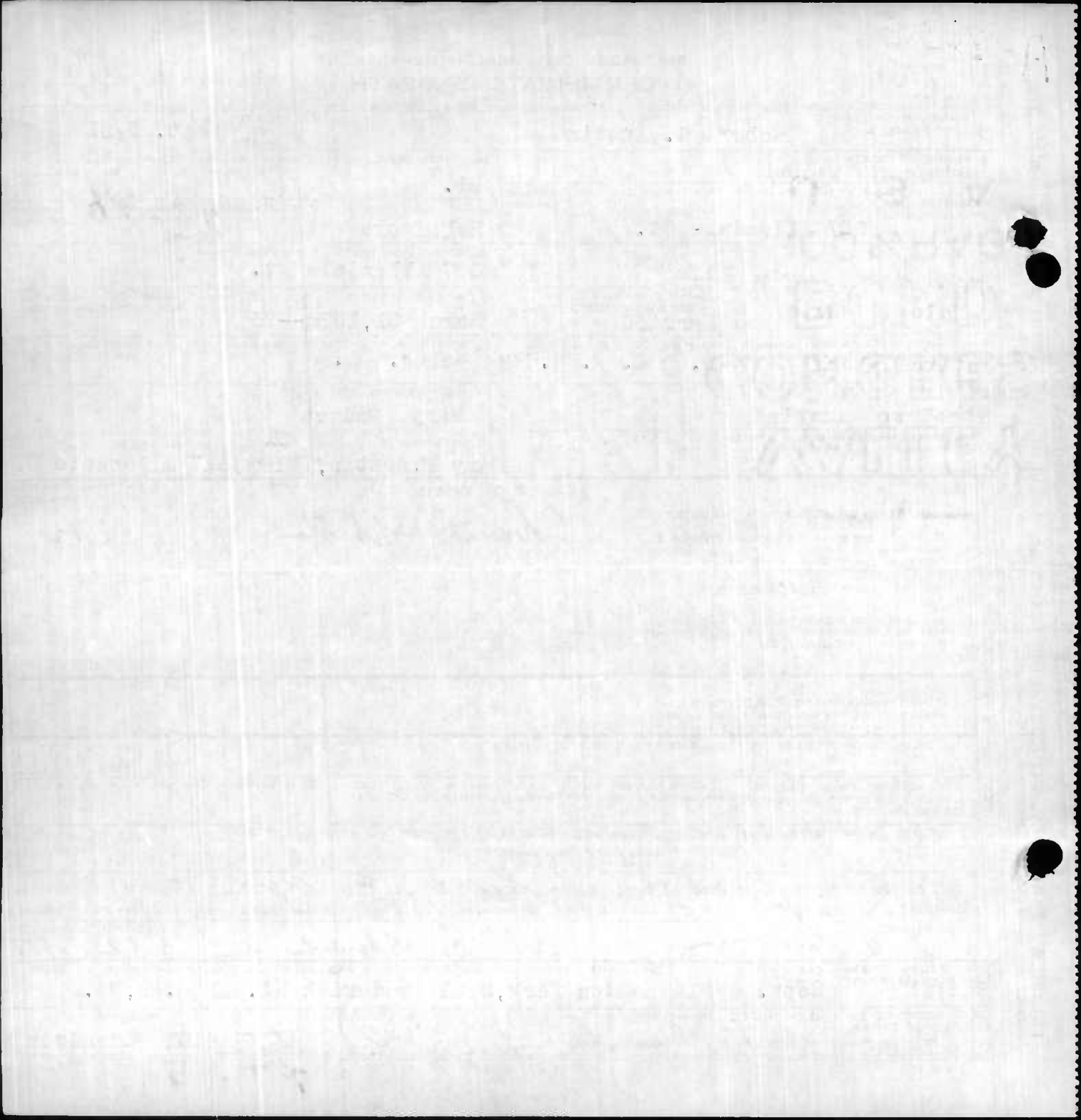
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 7761**

BIRTH NO. <b>51 7761</b>		1. NAME OF DECEASED (Type or Print) <b>Robert G. Austin</b>		2. DATE OF DEATH <b>Sept. 5/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>627 Allendale St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>627 Allendale St.</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 31, 1875--76</b>	9. AGE (In years last birthday) <b>76</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>B. &amp; O. R. R.</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
13. FATHER'S NAME <b>Theodore Austin</b>		12. CITIZEN OF WHAT COUNTRY?			
14. MOTHER'S MAIDEN NAME <b>Mary Unduch</b>		17. INFORMANT ADDRESS <b>Mary E. Austin, (WIFE) 627 Allendale ST</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		18. CAUSE OF DEATH	
18. <b>59x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 5</b> , 19 <b>50</b> , to <b>Sept 5</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Sept 5</b> , 19 <b>51</b> , and that death occurred at <b>10 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>L. A. Lally</b>		23B. ADDRESS <b>3517 Edmondson Ave</b>		23C. DATE SIGNED <b>Sept 7 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 8/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park, 3801 Frederick Rd. Balto. 29, Md.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Harry F. Whitte</b>		ADDRESS <b>4101 Edmondson Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 7 - 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>		VS 150	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7762  
Registered No. 96661

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ARCHER, Catherine F.

2. DATE  
OF  
DEATH

9-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Franklin Sq. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2045 Whistler Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11/20/1879

9. AGE (In years last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Frost

14. MOTHER'S MAIDEN NAME

Catherine---?---

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jesse H. Archer, 2045 Whistler Ave

18.

170X

CAUSE OF DEATH

Balto. 30, Md

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Generalized carcinoma

DUE TO

ANTECEDENT CAUSES

(B)

carcinoma of the breast.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-14-51, 1951, to 9-5-51, 1951, that I last saw the deceased alive on 9-5-51, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. G. Chambers

M. D.

23B. ADDRESS

Franklin Sq. Hospital

23C. DATE SIGNED

9-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 8/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7 - 1951

William Williams

Harry H. Whitely

4101 Edmondson

1053

1053

1053

1053

1053

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 8-20, 1957, to 9-4, 1957 that I last saw the deceased alive on 9-4, 1957, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

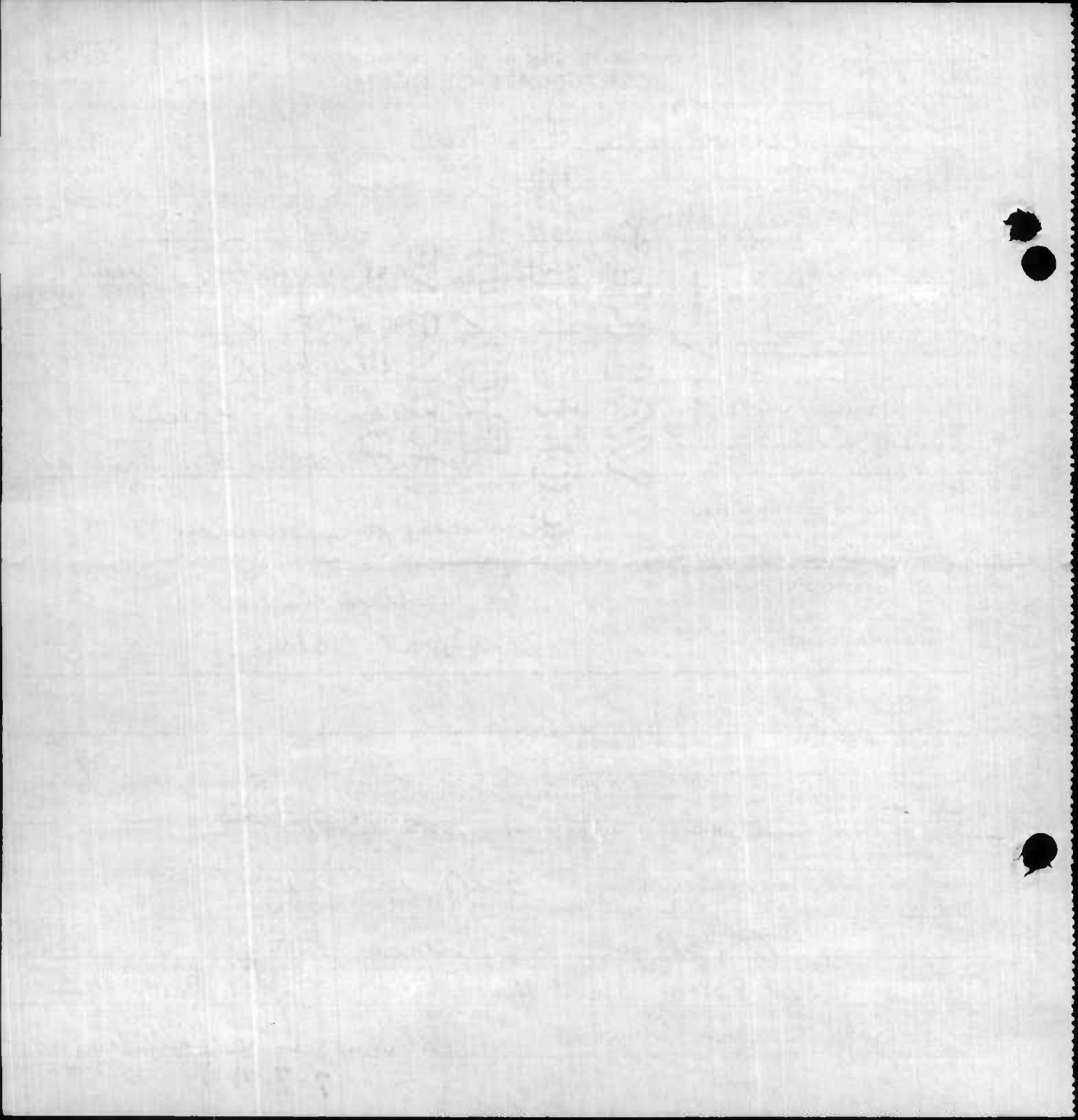
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7764

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHNS

Stanley Reynolds

2. DATE  
OF  
DEATH

Sept. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

37 Mercy Hospital Inc

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived if institution, residence before admission)

A. STATE Maryland B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

131 Charles Street

5200

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 15, 1887 63

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life even if retired)

Civil Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

U. S. Gov't.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nathan Hosea Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarction 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1951, to Sept 6, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 9:20 A. from the causes and on the date stated above.

23A. SIGNATURE

Dr. M. Lippel

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9/6/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/7/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Zickler &amp; Sons - Balto, Md.

ADDRESS

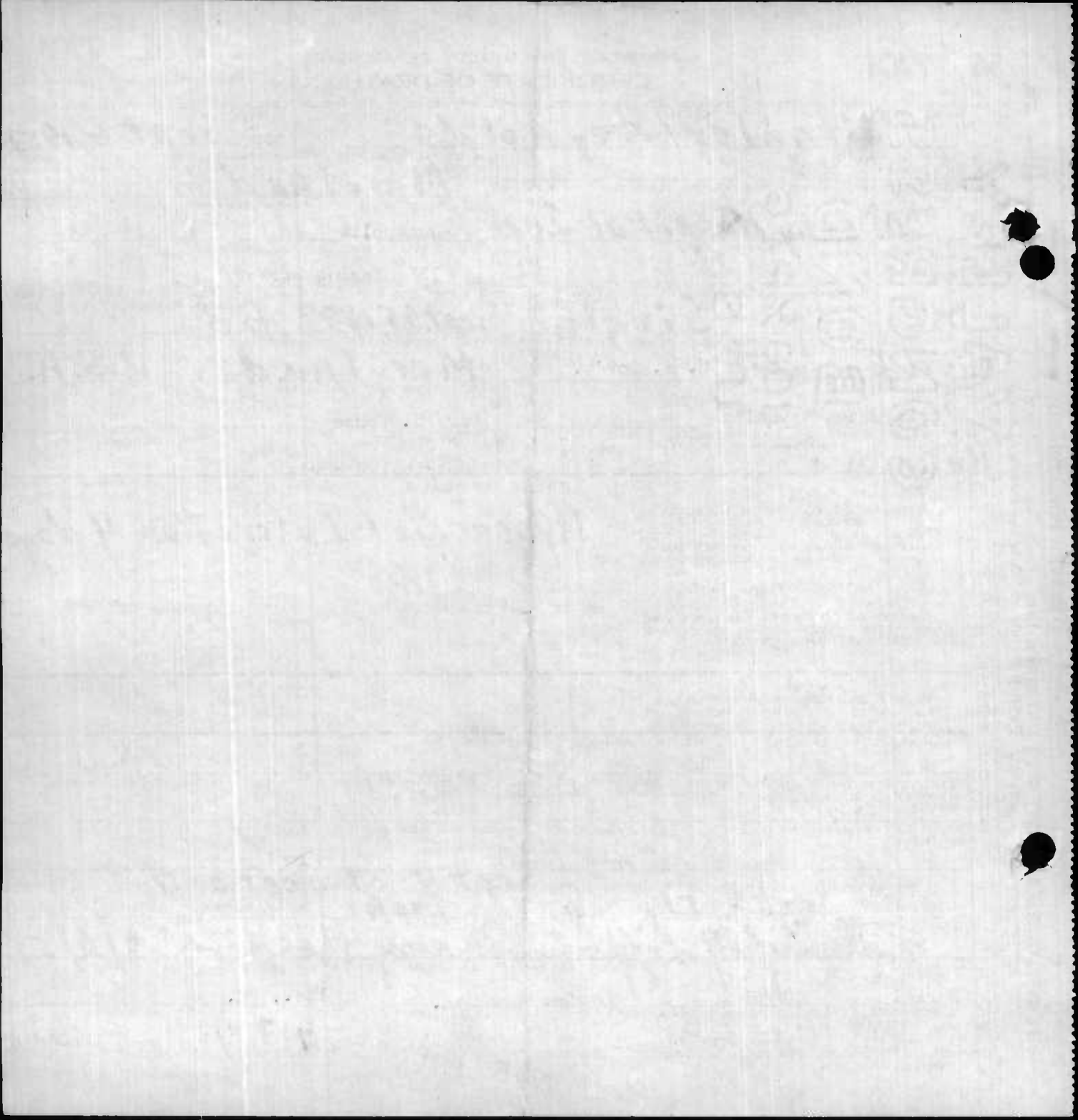
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7765

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HARLEY Miller SHAWEN</b>			2. DATE OF DEATH <b>September 6 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2222 W. FAYETTE STREET</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE MD 20-02</b>		
C. Length of stay in Baltimore <b>Nine</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2222 W. FAYETTE STREET</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 9, 1890</b>		9. AGE (In years last birthday) <b>61</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DRY GOODS</b>	11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>James Ashly</b>			14. MOTHER'S MAIDEN NAME <b>Laura Haines</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>235-30-0145</b>		17. INFORMANT ADDRESS <b>Mrs. Doris Shawen - 2222 W. Fayette St.</b>	

<p>18. <b>4201 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>ANTECEDENT CAUSES</b></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>Acute MYOCARDIAL INFARCTION</b> DUE TO</p> <p>(B) <b>OLD MYOCARDIAL INFARCTION &amp; CORONARY ARTERY DISEASE</b> DUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>7 months</b></p>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from **MARCH 9**, 1951, to **September 6**, 1951, that I last saw the deceased alive on **Sept 4**, 1951, and that death occurred at **8:07 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Melvin N. Borden</b>	23B. ADDRESS <b>5000 OLD FREDERICK RD</b>	23C. DATE SIGNED <b>Sept 6, 1951</b>
---	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/10/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 7 - 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. J. Lickner</b>	25. FUNERAL DIRECTOR ADDRESS <b>Wm. J. Lickner &amp; Sons - Baltimore</b>
---	--	--

VS 150

1345620027749 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth	
6. Date of death		7. Time of death		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of medical examiner		14. Signature of coroner		15. Signature of funeral director	
16. Signature of health officer		17. Signature of local health officer		18. Signature of state health officer		19. Signature of federal health officer		20. Signature of other official	

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7766

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Walter West2. DATE  
OF  
DEATH9/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Baltimore

B. COUNTY

BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION48 Maryland General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore Co. 25Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

8730 Harford Rd5200

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)m.

8. DATE OF BIRTH

July 22, 18909. AGE (In years  
last birthday)61If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)confectioner10B. KIND OF BUSINESS OR  
INDUSTRYStore

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF  
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Columbus West(R)

14. MOTHER'S MAIDEN NAME

Margaret Koehler15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)No.16. SOCIAL  
SECURITY NO.  
No.

17. INFORMANT

ADDRESS

Mrs. Margaret West 8730 Harford Rd.

18.

331XDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1951 to 9/7, 1951, that I last saw the  
deceased alive on 9/7, 1951, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

D. Krussewa

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

9/7/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

Sept. 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter Williams, M.D.

25. FUNERAL DIRECTOR

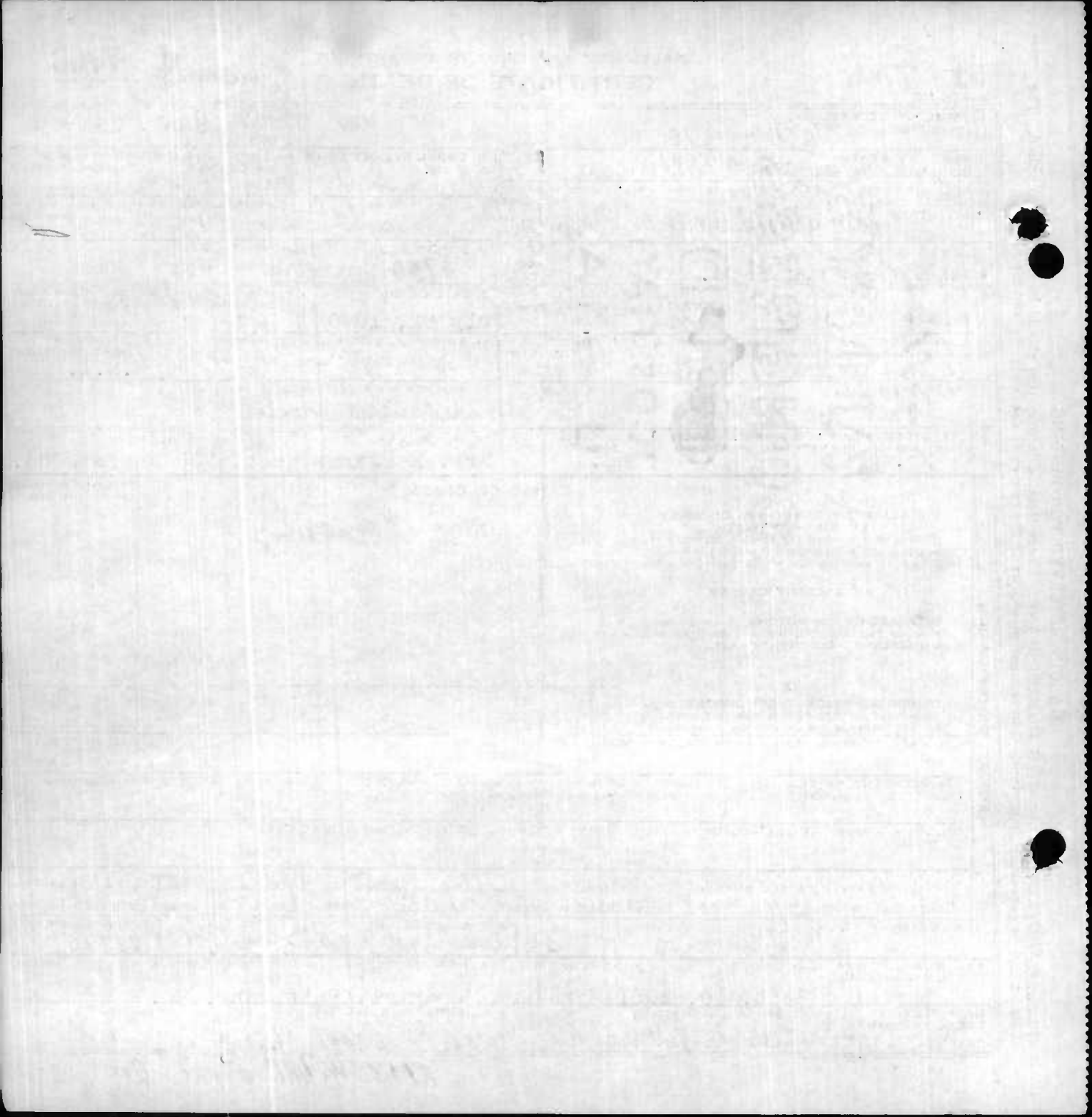
Chas F Evans & Son

ADDRESS

SEP 7 - 1951

VS 150

2905A 118 W. Mt. Royal Ave 83a





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7767

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Thomas Murvin Carter

2. DATE  
OF  
DEATH Sept. 7, 1951  
before admission)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2509 W. Lombard Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

c. Length of stay in Baltimore

15yr.

5. SEX

Male

White

Married

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

Aug. 10, 1885

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore Transit Co. Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE A. CARTER

14. MOTHER'S MAIDEN NAME

ELIZABETH ENGLISH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

213-10-0222

17. INFORMANT

MRS. MARTHA CARTER SAME

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis with Myocardial infarction.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6/1951 to 9/7/1951 that I last saw the deceased alive on 9/7/1951 and that death occurred at 7:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Paul Coffey Jr.

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

9/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

FREDERICK AVE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 7 - 1951

REGISTRAR'S SIGNATURE

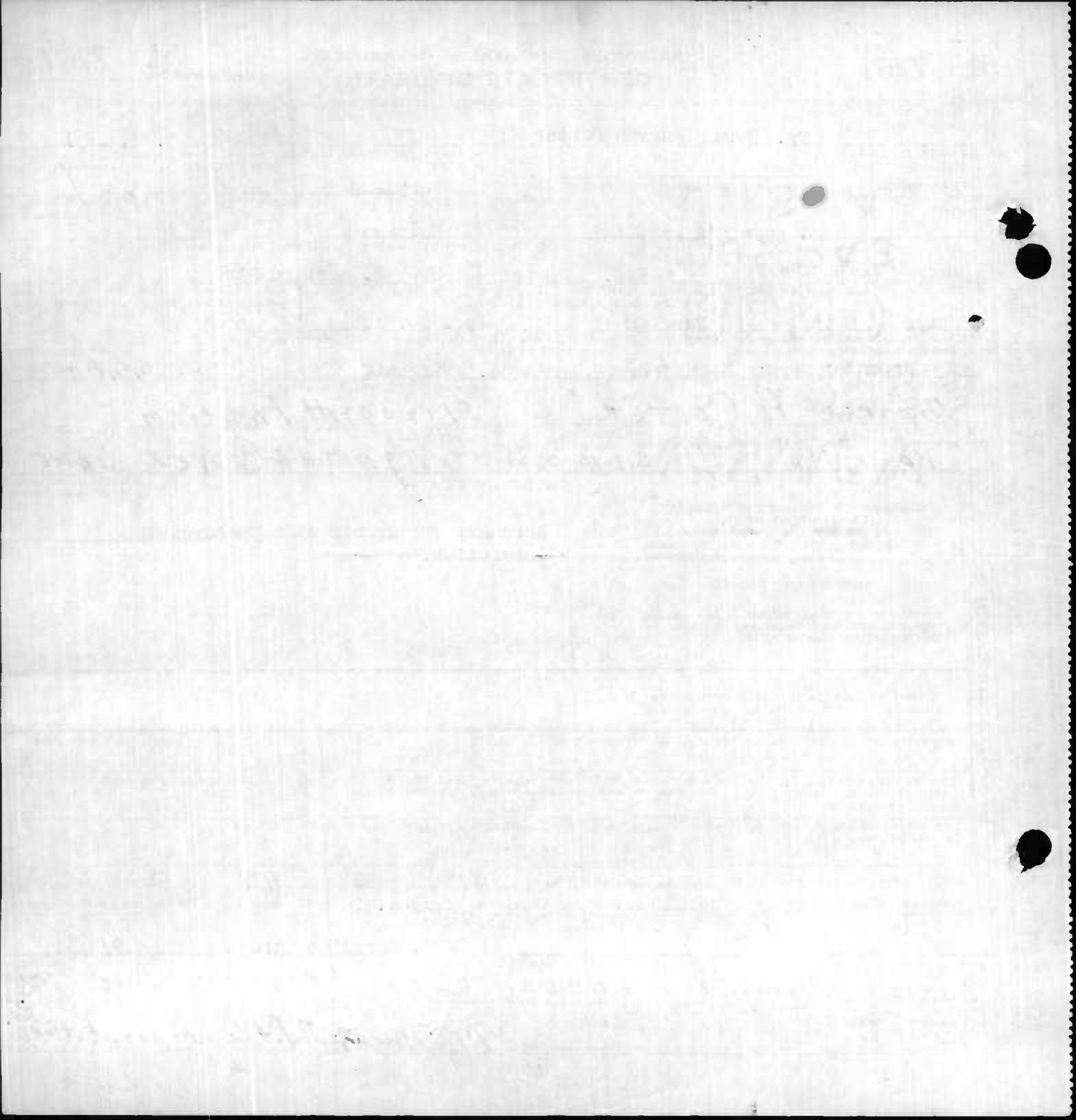
T. J. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. M. J. Wright 6009 Horner Rd.

ADDRESS





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7768  
Registered No.

250  
51 7768  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Besse Jackson</i>		2. DATE OF DEATH <i>9/6/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>17-02</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>John Wilby Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Phila Md</i>	
c. Length of stay in Baltimore <i>5</i> Yrs. Mes. Days		D. STREET ADDRESS (If rural, give location) <i>1100 N. Highland</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>7/4/97</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		11. BIRTHPLACE (State or foreign country) <i>N.C.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS <i>Elizabeth W. Tolley 2101 W. Gold Spring</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>gen</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO.		17. ADDRESS <i>2101 W. Gold Spring</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebro-Vascular</i> DUE TO <i>Heart Disease</i> DUE TO <i>Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>	
19A. DATE OF OPERATION <i>0</i>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>8/29</i> , 19 <i>50</i> , to <i>9/6</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9/6</i> , 19 <i>51</i> , and that death occurred at <i>7:30</i> m., from the causes and on the date stated above.	
23A. SIGNATURE <i>Besse Jackson</i> M. D.	23B. ADDRESS <i>6009 Adelphi</i>
23C. DATE SIGNED <i>9/6/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-10-1951</i>
24C. NAME OF CEMETERY OR CREMATORY <i>Mount Zion Center</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore County Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 8 - 1951</i>	25. FUNERAL DIRECTOR ADDRESS <i>Joseph A. Litch 6611 N. Bane St</i>



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-500  
51 7769

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7769  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles H. Behn

2. DATE  
OF  
DEATH

Sept. 5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

521 Overdale Rd.

c. Length of stay in Baltimore Yrs. Mos. Days  
Life

o. STREET ADDRESS (If rural, give location)  
521 Overdale Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

April 10/76

9. AGE (in years last birthday)

75

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

Own business

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Behn

14. MOTHER'S MAIDEN NAME

Louise Halbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gretchen Behn, 521 Overdale Rd

18. 331X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1-2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

QUE TO

DUE TO

(C)

(B) Arterial Hypertension

1-2 years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

No

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)

No

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept-27, 1949, to Sept-5, 1951, that I last saw the deceased alive on Sept-5, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Lloyd Johnson

23B. ADDRESS

Colonsville Md

23C. DATE SIGNED

9/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 8/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 8 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Ditzel

ADDRESS

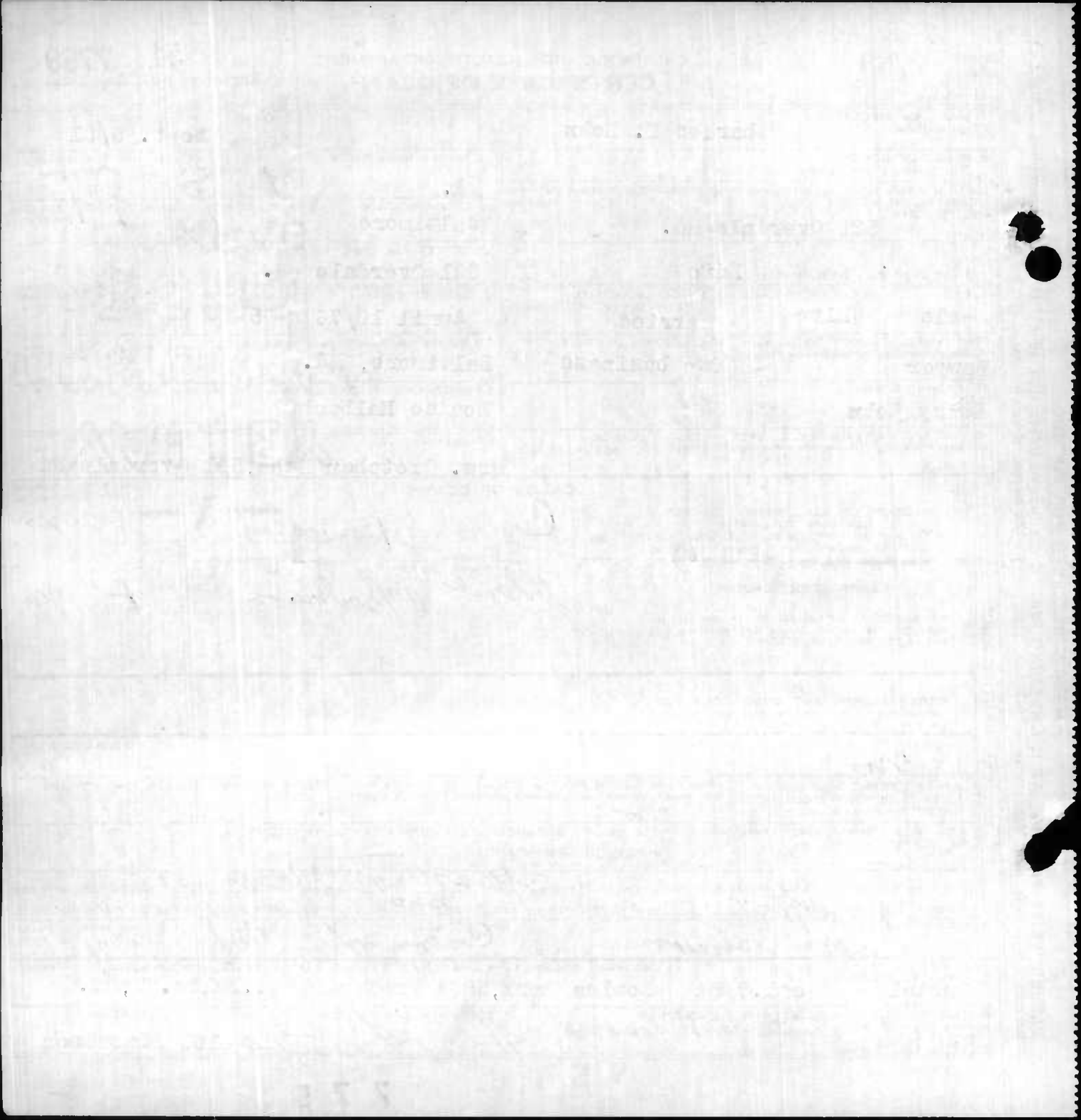
4101 Edmondson Av

VS 150

1951007753

83a

MARGIN RESERVED FOR BINDING



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **51 7770**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES

GRAYSON

2. DATE  
OF DEATH **September 5, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

924 A Caroline St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 3/8/94

9. AGE (In years last birthday)

57

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Other

11. BIRTHPLACE (State or foreign country)

Balt. Md U.S.A

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Grayson

14. MOTHER'S MAIDEN NAME

Rebecca Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hilda Johnson 532 N Eden

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thercon and from the evidenc obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Denecker

M.D.

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

September 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 8 - 1951 Mt Calvary Cem.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

A. A. B. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Robert M. Williams 1575 M. D. St

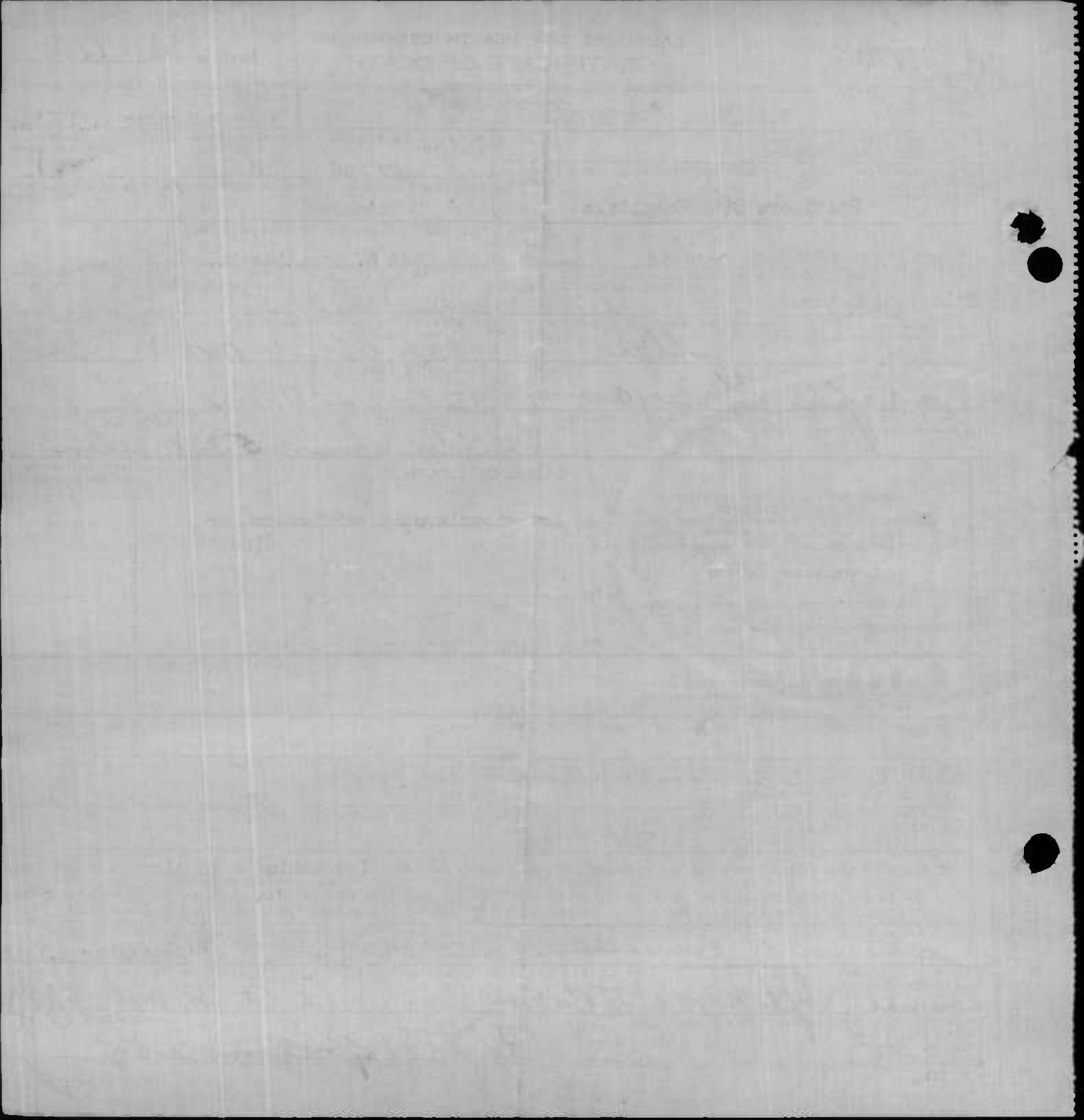
SEP 8 - 1951

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1. 2950 619 0

93D





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 7771

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **WILLIAM P. TAYLOR** 2. DATE OF DEATH **September 6, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location) **Maryland** 5. STATE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore** 22-01

D. STREET ADDRESS (If rural, give location) **225 South Hanover Street**

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX **male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH 9. AGE (in years last birthday) **56** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **laborer** 10B. KIND OF BUSINESS OR INDUSTRY **sea** 11. BIRTHPLACE (State or foreign country) **Westpoint, Virginia** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **James W. Taylor** 14. MOTHER'S MAIDEN NAME **Lula Taylor** ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Elmo E. Burden, 650 Dumbarton Avenue** ADDRESS

18. **490 x 1** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Lobar pneumonia** DUE TO

ANTECEDENT CAUSES (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

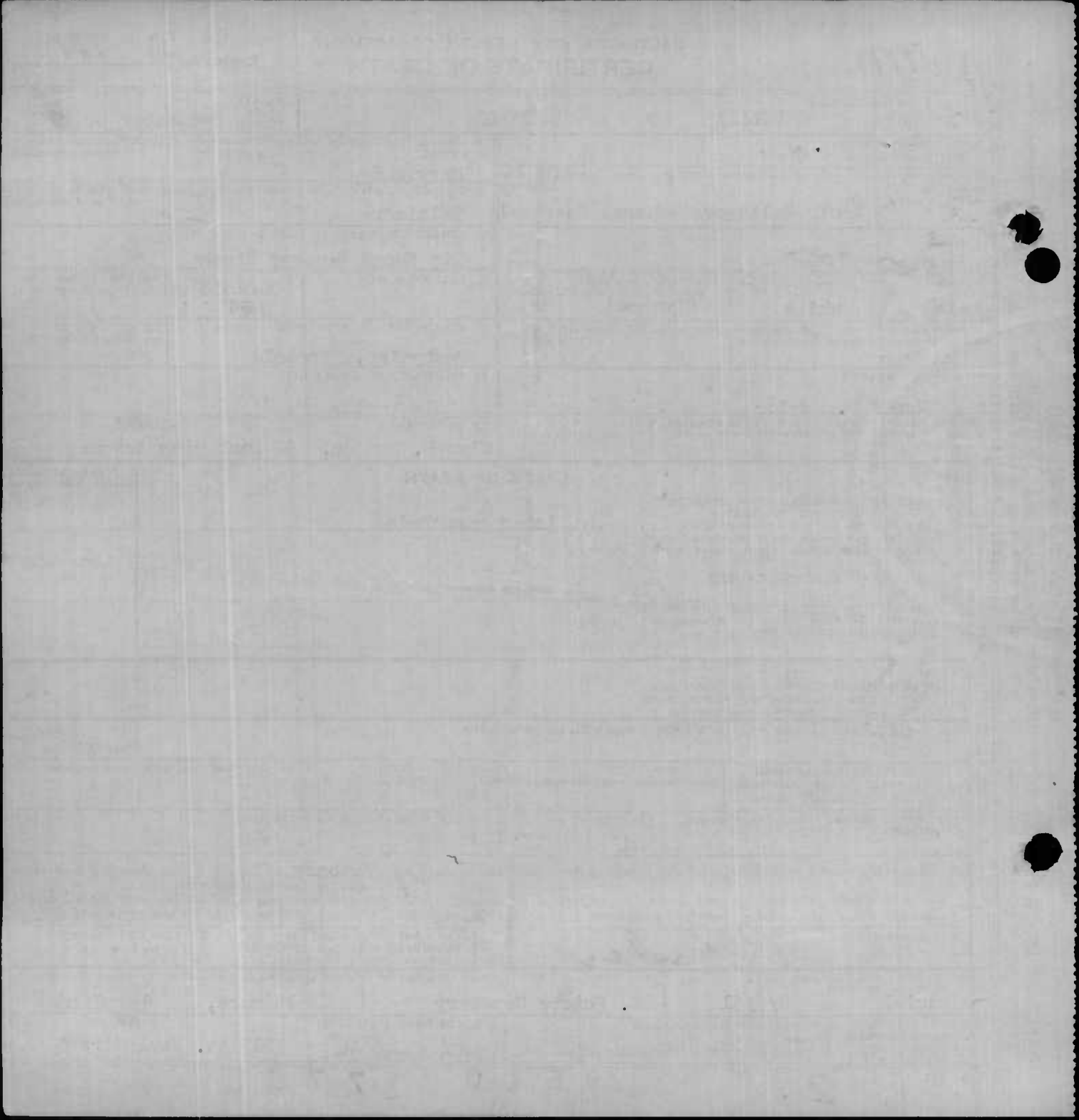
23A. SIGNATURE **R. Fisher** 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **9/7/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **9/8/51** 24C. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 24D. LOCATION (City, town, or county) (State) **Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 8 - 1951** REGISTRAR'S SIGNATURE **Wm. Cook, Inc.** 25. FUNERAL DIRECTOR ADDRESS **1217 St. Paul Street**

V S 151 19950490007755 108 ✓

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

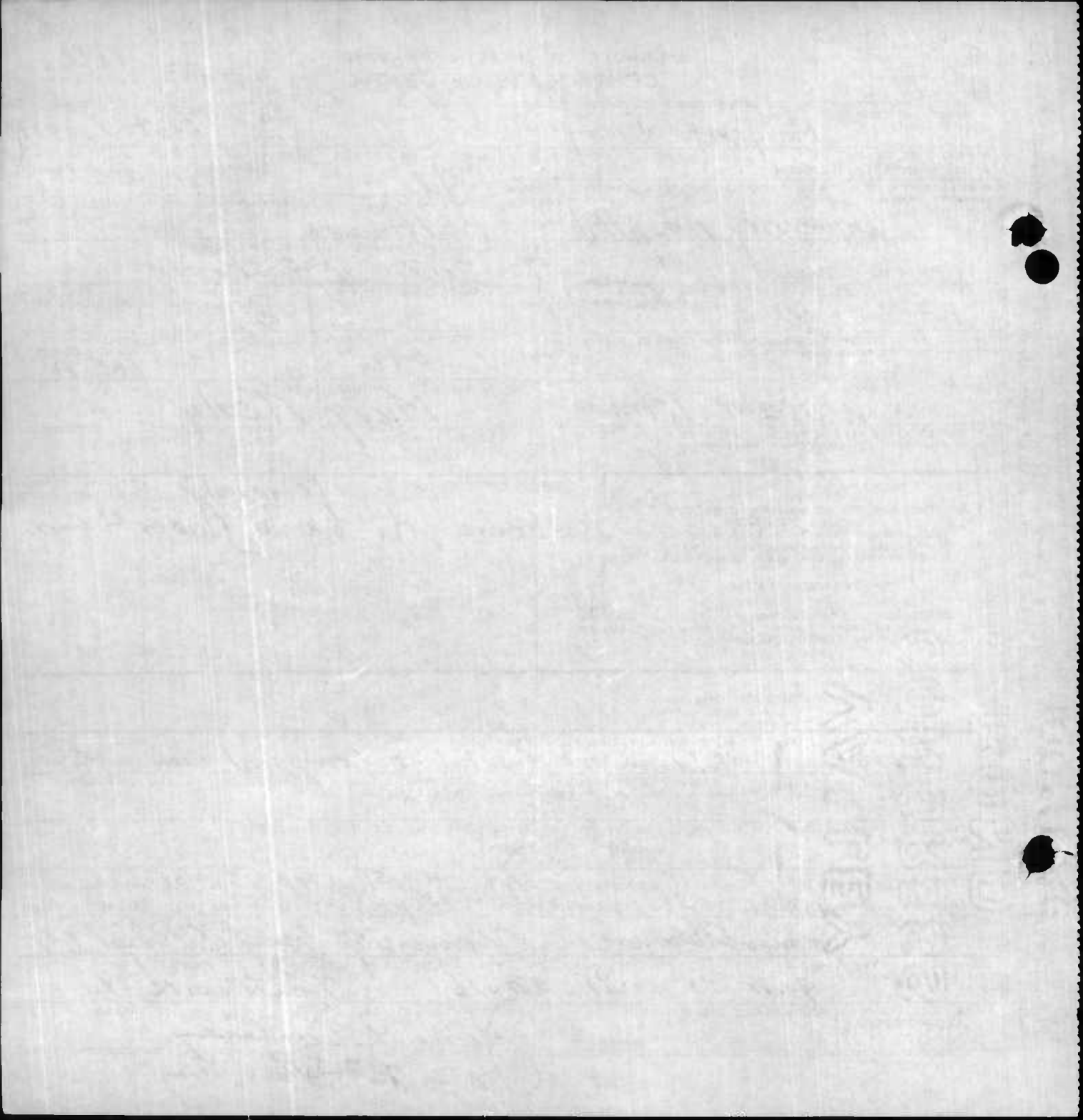


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7772  
Registered No.

BIRTH NO. 51 7772

1. NAME OF DECEASED (Type or Print) <i>Margaret Turney</i>			2. DATE OF DEATH <i>Sept. 7, 1961</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>9.9</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Rural</i>		
C. Length of stay in Baltimore Yrs. <i>50</i> Mos. <i>1</i> Days <i>st.</i>			O. STREET ADDRESS (If rural, give location) <i>908 1st St. 5200</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <i>41</i>	9. AGE (in years last birthday) <i>41</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William Kline</i>			14. MOTHER'S MAIDEN NAME <i>Mary Healy</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>193x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Gloma, rt. frontal lobes</i>		CAUSE OF DEATH <i>temporal</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 mo.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Sept 6</i>		19B. MAJOR FINDINGS OF OPERATION <i>Gloma rt. frontal + temporal lobes</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? <i>in Baltimore City, give exact location</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 4, 1951</i> , to <i>Sept 7, 1951</i> , that I last saw the deceased alive on <i>Sept 7, 1951</i> and that death occurred at <i>7:50 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James Skrowne</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>Sept 9, 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>		24B. DATE <i>9.11.51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Pauls</i>	
24D. LOCATION (City, town, or county) <i>Portsmouth Va</i>		24E. STATE <i>VA</i>		24F. COUNTY <i>Portsmouth</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>James L. Skrowne</i>		25. FUNERAL DIRECTOR ADDRESS <i>James L. Skrowne</i>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7773  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THOMAS P. JOHNSON

2. DATE  
OF  
DEATH

9/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 531 Cambria St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

531 Cambria Street

B. FULL NAME OF HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

6/ /1893

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Eng.

10B. KIND OF BUSINESS OR  
INDUSTRY

American Can Co.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W W # I

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Rectum

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

B

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1951

VS 150

- 130 E. Fort Ave.

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7774

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CORA

PENDLETON

2. DATE OF DEATH September 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1822 Pennsylvania Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 17, 1885

9. AGE (In years last birthday)

66

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

Henderson Wells

14. MOTHER'S MAIDEN NAME

Laura Belle Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Sadie Bryscon -

ADDRESS

Above

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anasarca

!!  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Williams, M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

9/8/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Washington, D. C.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 8 - 1951

REGISTRAR'S SIGNATURE

William W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law-802 Madison Ave.

V S 151

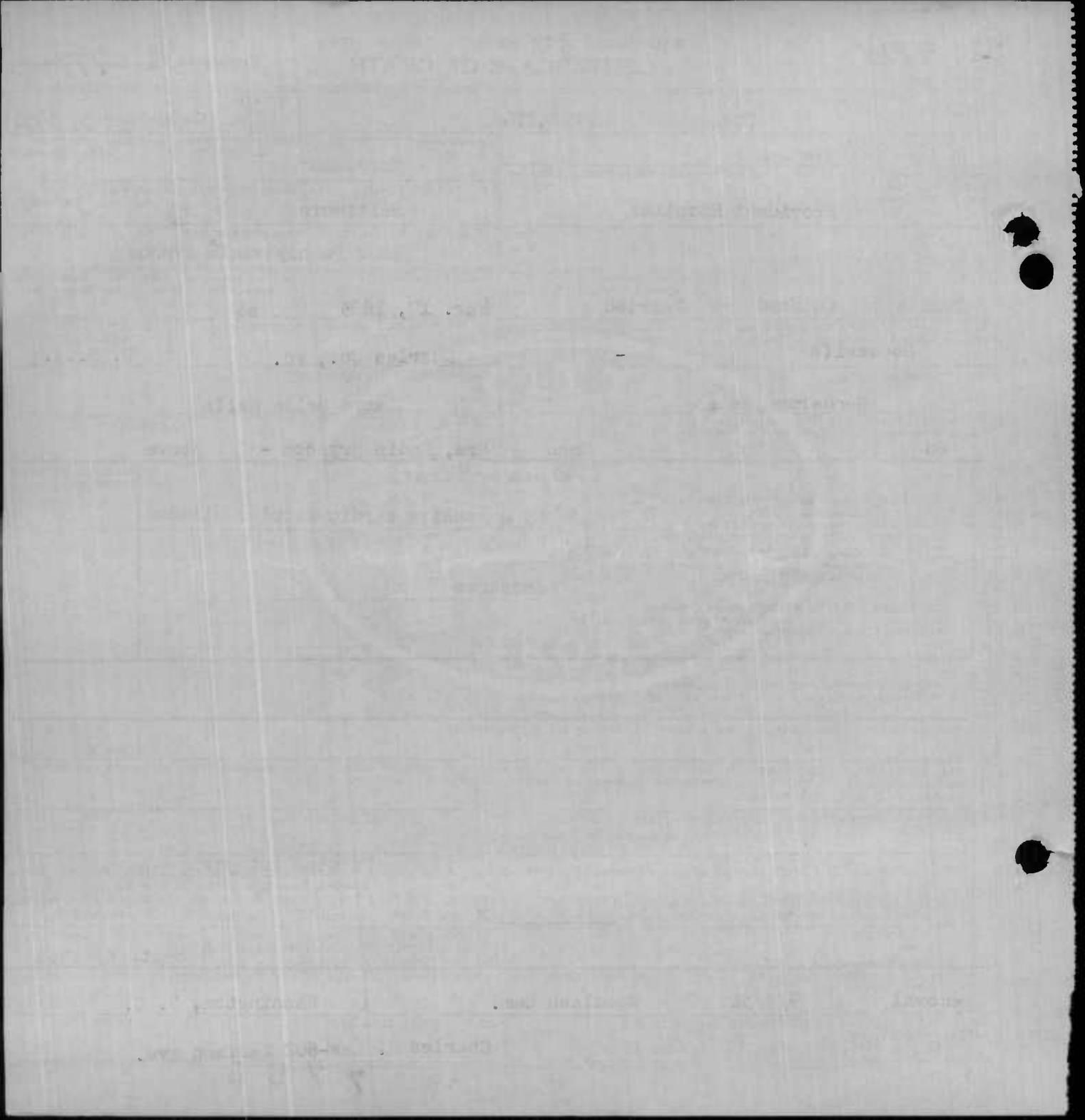
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

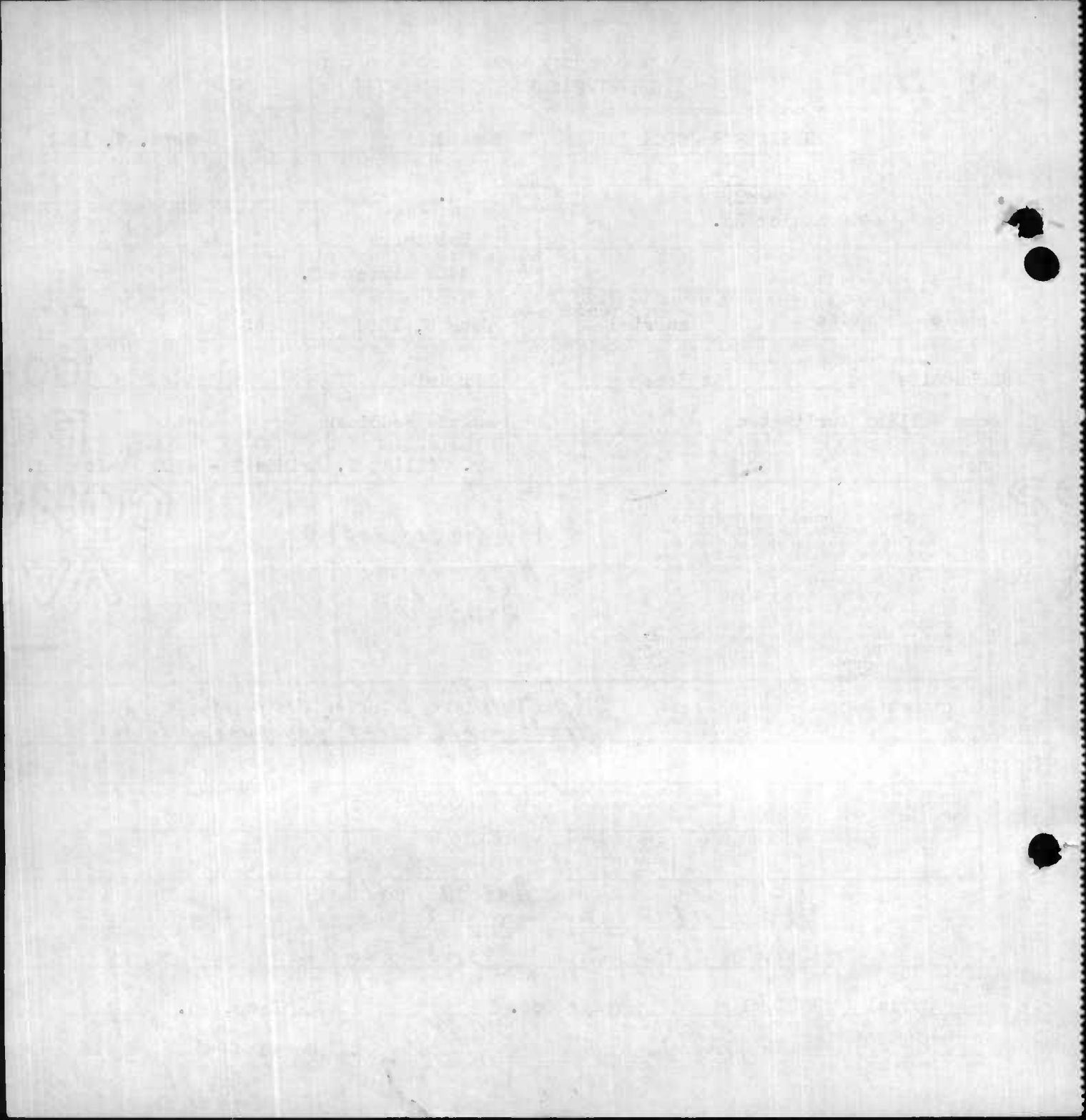


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 7775  
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ELIZABETH JOYCE TURLINGTON BRIDDELL		Sept. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4409 Atwick Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4409 Atwick Rd.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 83
13. FATHER'S NAME John William Turlington		14. MOTHER'S MAIDEN NAME Amanda Feddeman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. William S. Briddell - 4409 Atwick Rd.		ADDRESS	
18. <i>260x 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Atherosclerosis</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) <i>Diabetes</i> <i>Diagnosed suddenly - seen soon after death - apparently pulmonary edema</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mar. 30</i> , 1951, to _____, 19____, that I last saw the deceased alive on <i>3/30</i> , 1951, and that death occurred at <i>9</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Kathleen A. Bacter</i>		23B. ADDRESS <i>401 SE Paul St</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/10/51	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1951		REGISTRAR'S SIGNATURE <i>William S. Briddell</i>	
FUNERAL DIRECTOR <i>Wm. S. Briddell &amp; Sons</i>		ADDRESS <i>61 Balto, Md.</i>	



N 425  
51 7776

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be correctly supplied.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7776  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>LARS HUDSON NELSON</b>			2. DATE OF DEATH <b>2:45 A. M. Sept. 7, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltim ore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Caton &amp; Wilkens Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write R.D. and give township) <b>28-04</b>		
C. Length of stay in Baltimore Yrs. <b>40</b> Mos. <b>40</b> Days <b>40</b>			D. STREET ADDRESS (If rural, give location) <b>906 Walnut Ave.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-26-1882</b>	9. AGE (In years last birthday) <b>69 yrs.</b>	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Martin Nelson</b>			14. MOTHER'S MAIDEN NAME <b>Margaret</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(Yes, no or unknown)</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Annie M. Nelson - 906 Walnut Ave.</b>			ADDRESS		
18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Ruptured Ahd. Aorta</b> DUE TO <b>aneurysm</b> ANTECEDENT CAUSES <b>Atherosclerotic C.V. disease</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>9/7/51</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/6</b> , 19 <b>51</b> , to <b>9/7</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9/7</b> , 19 <b>51</b> , and that death occurred at <b>2:45 A. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Harry L. Long</b>			23B. ADDRESS <b>St. Agnes Hosp</b>		23C. DATE SIGNED <b>9/7/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/10/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 8 - 1951</b>		REGISTRAR'S SIGNATURE <b>John Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>John J. Sweeney &amp; Sons - 96 Bwto., Md.</b>	



2-11-73

2000



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 7777

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL SHERWOOD

2. DATE  
OF  
DEATH

July 23-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16 15-38

c. Length of stay in Baltimore

11 hours

D. STREET ADDRESS (If rural, give location)

2510 Allendale Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 23-1951

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Leroy Marion Sherwood

14. MOTHER'S MAIDEN NAME

Virginia Cook -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

LEROY SHERWOOD Father

ADDRESS Baltimore Md.  
2510 Allendale Rd.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 July, 1951 to 23 July, 1951 that I last saw the  
deceased alive on 10 Aug, 1951 and that death occurred at 10:35 pm., from the causes and on the date stated above.

23A. SIGNATURE

L. S. N. Cook

M. D.

23B. ADDRESS

Union Memorial Hospital 10 Aug 51

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1951

Huntington Williams, M.D.

RECEIVED BY THE DEPARTMENT OF  
GENERAL INVESTIGATION

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 7778

BIRTH NO. 400

1. NAME OF DECEASED  
(Type or Print) Baby Girl Holly (Leona)

2. DATE OF DEATH August 22, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals location)  
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
207 N. Stockton St. (207 N. Amity St.)

c. Length of stay in Baltimore Life

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH Aug. 21, 1951

9. AGE (In years last birthday) 1 If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Clarence Simms

14. MOTHER'S MAIDEN NAME Leona Holly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18. 754.4

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart Disease

Life

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 8-22-51

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21, 1951 to 8-22, 1951 that I last saw the deceased alive on 8-22, 1951 and that death occurred at 8:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE H. Rogers

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

8-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Cremation

24B. DATE 8-24-51

24C. NAME OF CEMETERY OR CREMATORY B.C.H/ Crematory

24D. LOCATION (City, town, or county) (State)  
4940 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1951

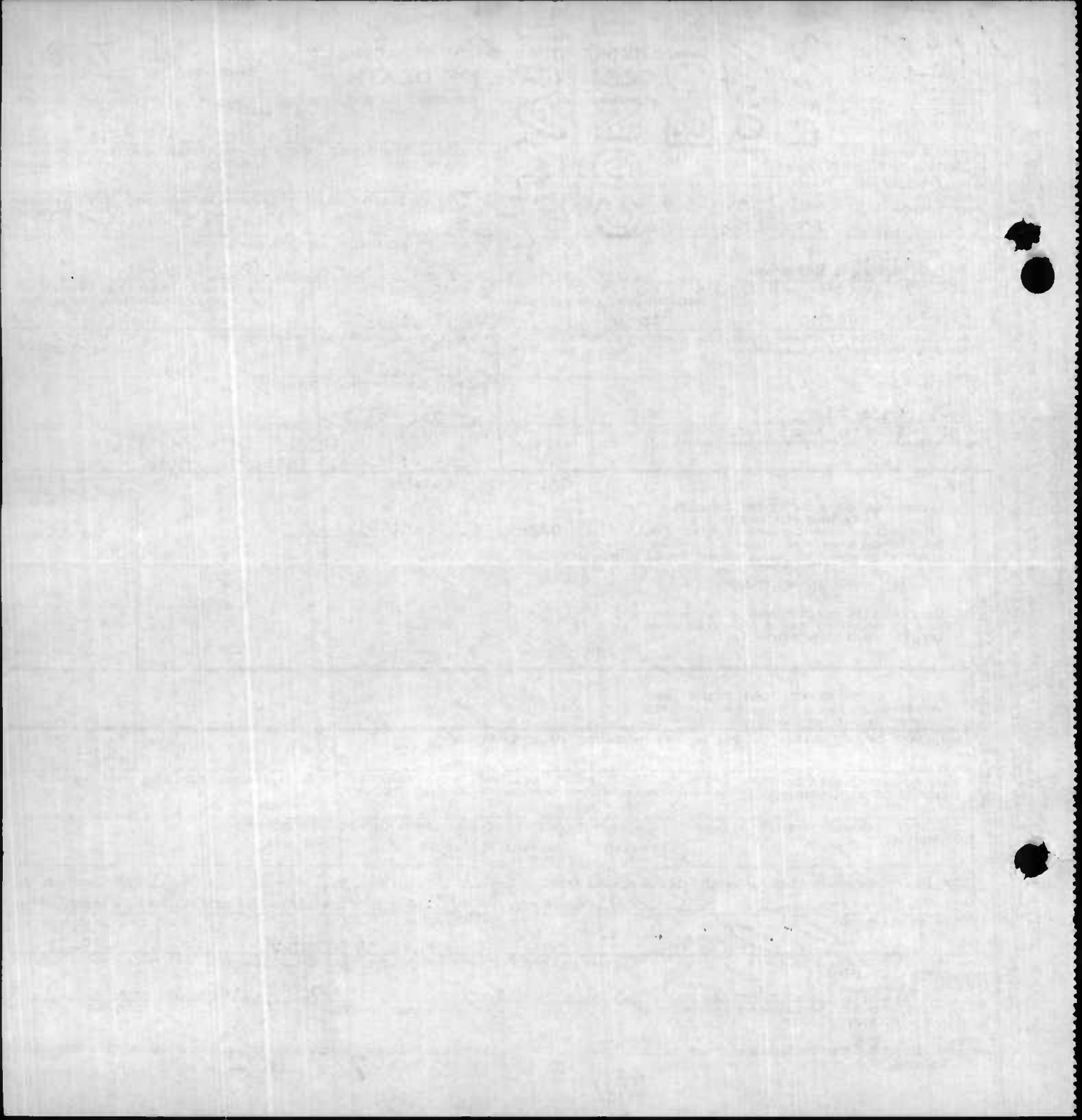
VS 150

49510907762

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

51 7779

BIRTH NO.

51

7779

Non Resident

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Cavanaugh

2. DATE  
OF  
DEATH

August 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3216 Eastwood Drive

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-21-51

9. AGE (In years  
last birthday)

7

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

7 35

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wallace Cavanaugh

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Prematurity 3#7B

INTERVAL BETWEEN  
ONSET AND DEATH

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21, 1951, to 8-21, 1951, that I last saw the  
deceased alive on 8-21, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Appleby

M. D.

23B. ADDRESS  
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8-23-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1951

Washington Williams, M.D.

JOHNS HOPKINS HOSPITAL

VS 150

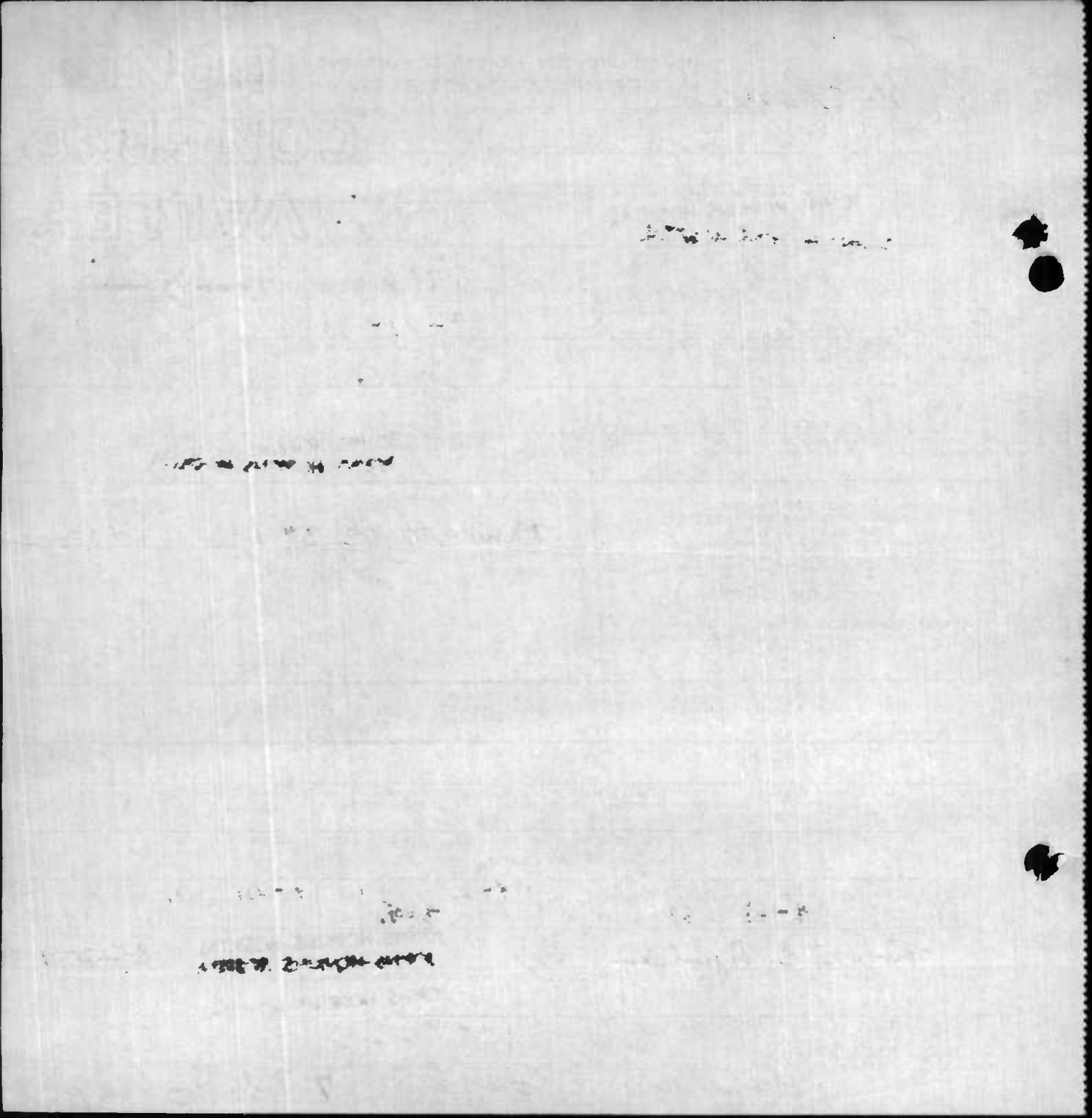
Hospital

Disposal 7763

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7780  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby O'Dea

2. DATE  
OF  
DEATH

August 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1606 Shakespeare Street 31

c. Length of stay in Baltimore

0 Years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 26, 1951

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

16 20

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Richard O'Dea

14. MOTHER'S MAIDEN NAME

Helen Borowy (246430)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

Hospital Records

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Immaturity

DUE TO

ANTECEDENT CAUSES

(B)

Premature labor

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26-1951 to 8-26-1951, that I last saw the  
deceased alive on 8-26-1951, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner Jr.

M. O.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

8-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR GREGATORY

Hopk Deforral

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

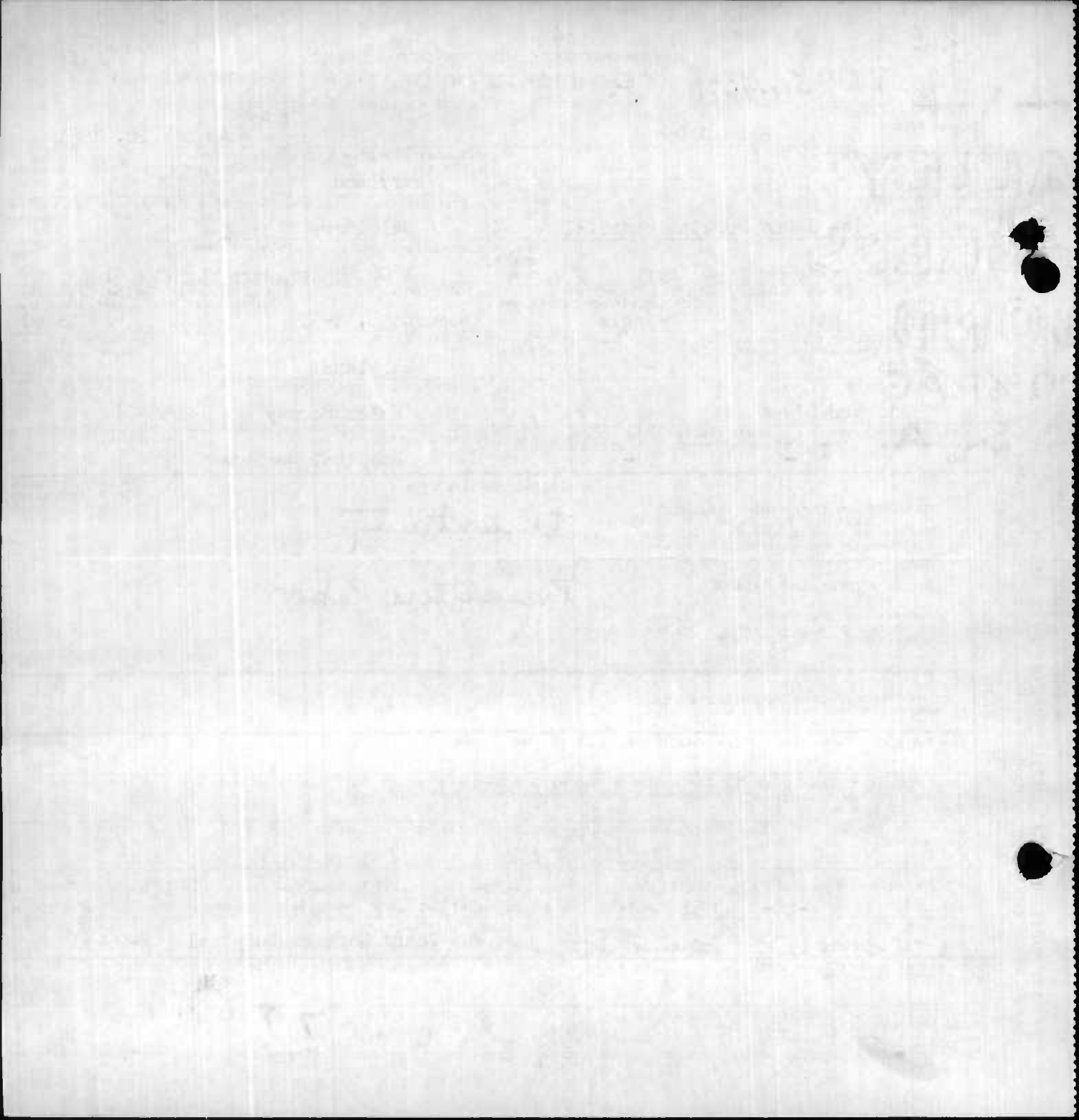
25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1951

VS 150

159



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 7781**BIRTH NO. **51 7781**1. NAME OF DECEASED  
(Type or Print)

Baby Joyner

2. DATE  
OF  
DEATH

August 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

218 E. Federal Street 2

c. Length of stay in Baltimore

0 Years

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 21, 1951

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

3 56

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Leslie Hugh Joyner

14. MOTHER'S MAIDEN NAME

Gladys Datcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

Hospital Records

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21-- 1951 to 8-21-- 1951 that I last saw the  
deceased alive on 8-21 1951 and that death occurred at 1:38 Pm., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner, Jr. M.D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

8-21-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Holy Sepulchre

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams, M.D.

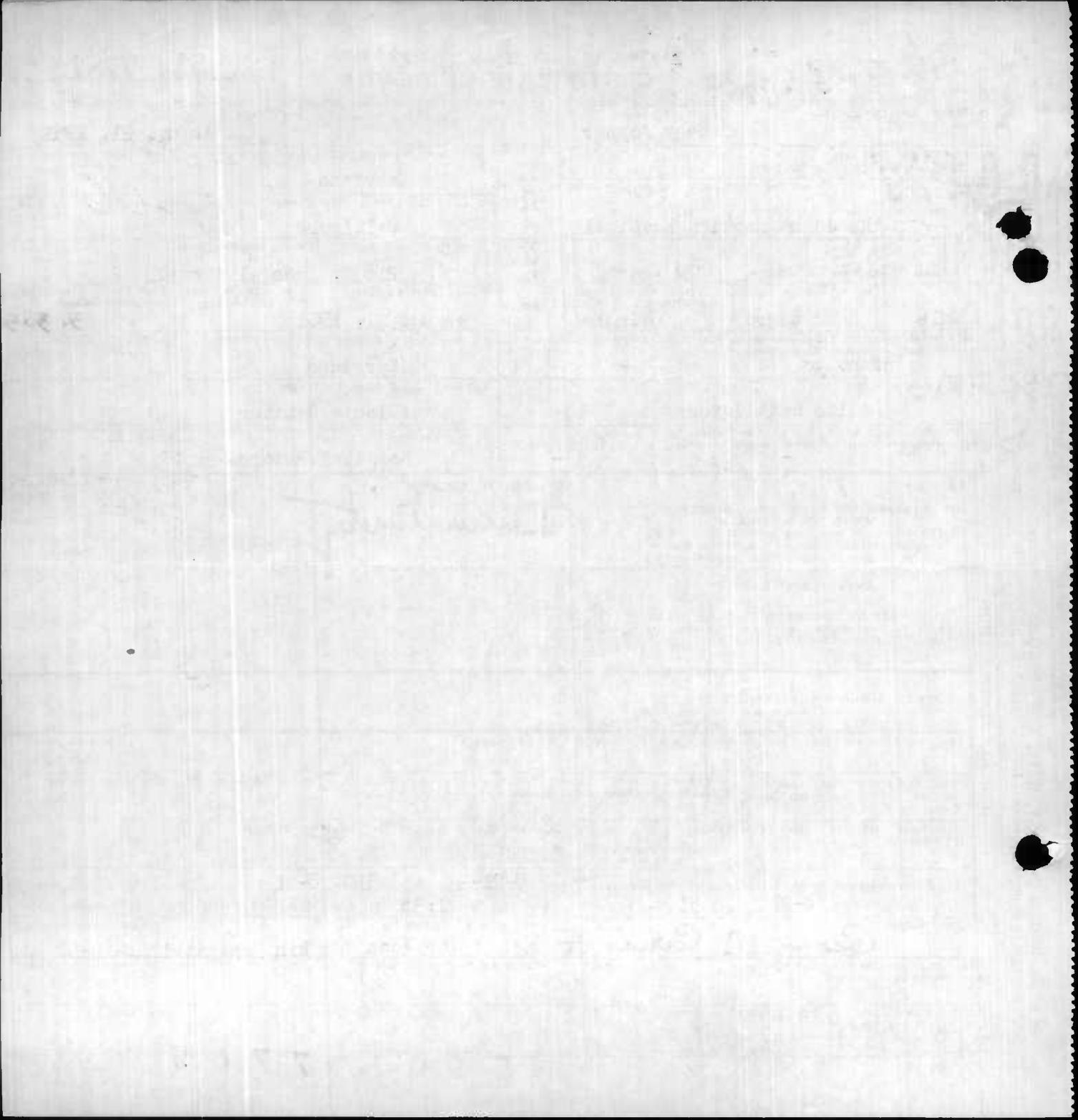
25. FUNERAL DIRECTOR

ADDRESS

VS 150

19510007765

159



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Moore

2. DATE  
OF  
DEATH

August 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1036 N. Gay Street 5

c. Length of stay in Baltimore 9 Years

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

August 20, 1951

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

5 43

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Willie Moore

14. MOTHER'S MAIDEN NAME

Hattie Davis

365764

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, or unknown) (If yes, give war or dates of service)

No-

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Hospital Records

1B.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Maternal diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1951 to 8-20, 1951, that I last saw the  
deceased alive on 8-20, 1951, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner, Jr.

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

8-23-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

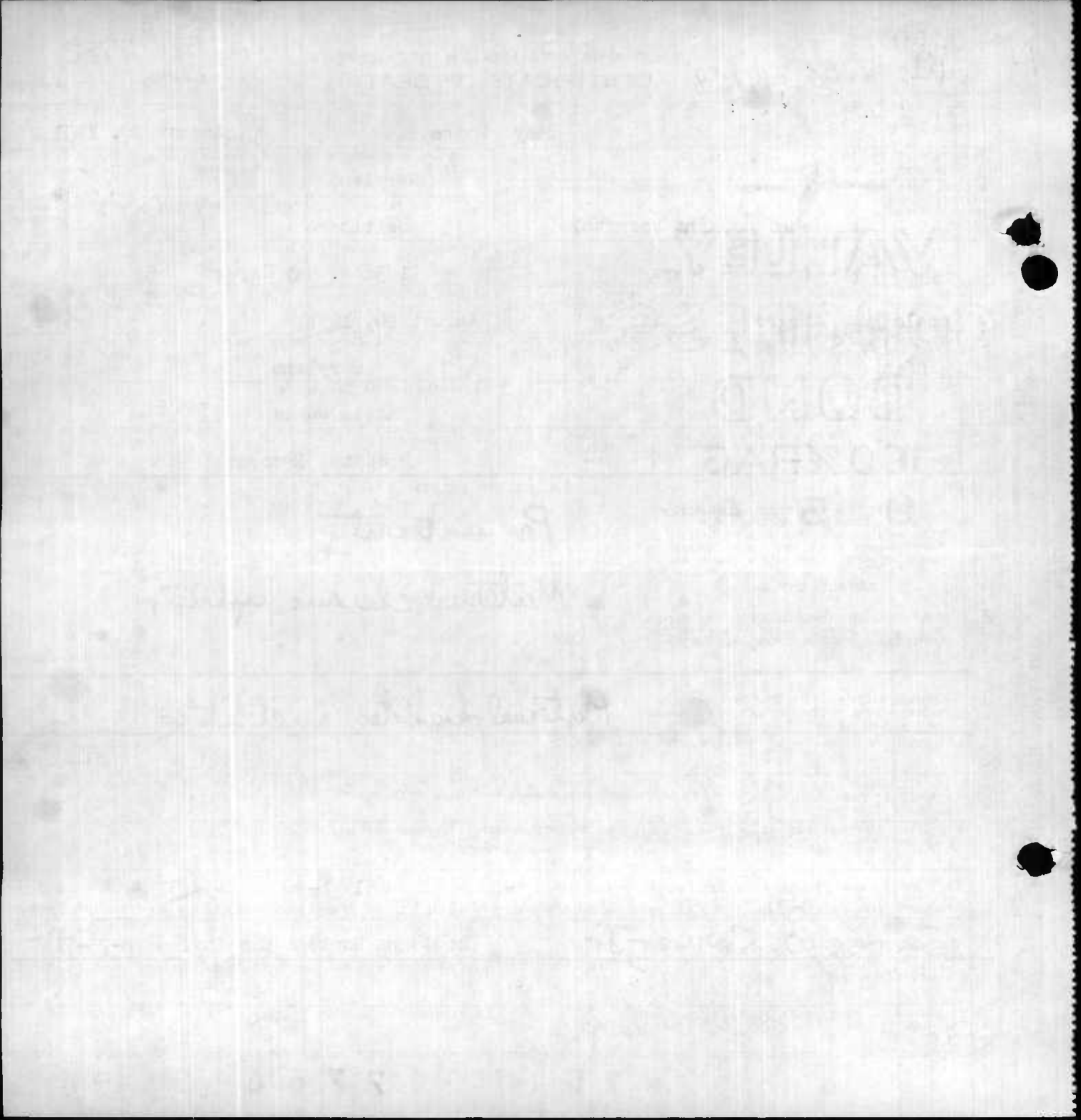
SEP 8 - 1951

VS 150

19510007766

159





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7783  
Registered No. 51 7783

BIRTH NO. 51 7783

1. NAME OF DECEASED  
(Type or Print)

(BABY) WILLIAMS

2. DATE  
OF  
DEATH

17 Aug 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

1. Fasten COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

311 Burke Ave - Apt. 13

C. Length of stay in Baltimore

4 hours

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

17 Aug 1951

9. AGE (In years last birthday)

If Under Year Months Days If Under 24 Hours Hours Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Billy Waddell Williams

14. MOTHER'S MAIDEN NAME

Betty Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

above

18.

776X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Aug, 1951 to 17 Aug, 1951 that I last saw the deceased alive on 17 Aug, 1951, and that death occurred at 1932 L.M., from the causes and on the date stated above.

23A. SIGNATURE

Albert R. Miller

23B. ADDRESS

320 E. 33rd St. Balt 18, Md.

23C. DATE SIGNED

8-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

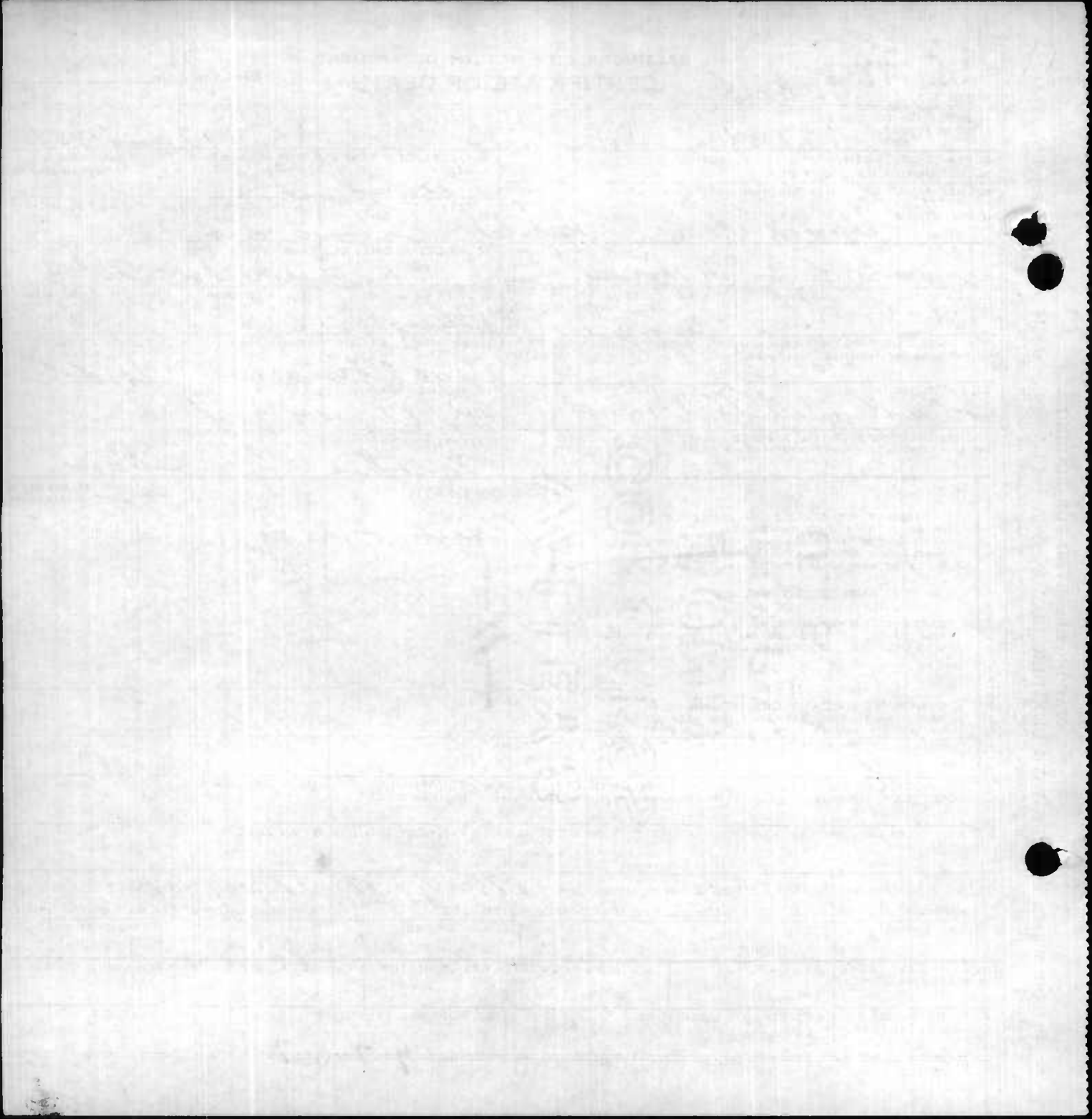
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1951



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7784

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Cella Johnson

2. DATE  
OF  
DEATH

September 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1829 W. Franklin St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 19, 1920

9. AGE (In years  
last birthday)

31

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Farming

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac Johnson.

14. MOTHER'S MAIDEN NAME

Dellia Pratt.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

170 x 1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Carcinoma of breast

INTERVAL BETWEEN  
ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1951, to 9-6, 1951, that I last saw the  
deceased alive on 9-6, 1951, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. A. Wing

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-6-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Shipped

24B. DATE

9/8/1951

24C. NAME OF CEMETERY OR CREMATORY

Morrison N.C.

24D. LOCATION (City, town, or county)

Morrison N.C.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katia R. Williams, Schenck

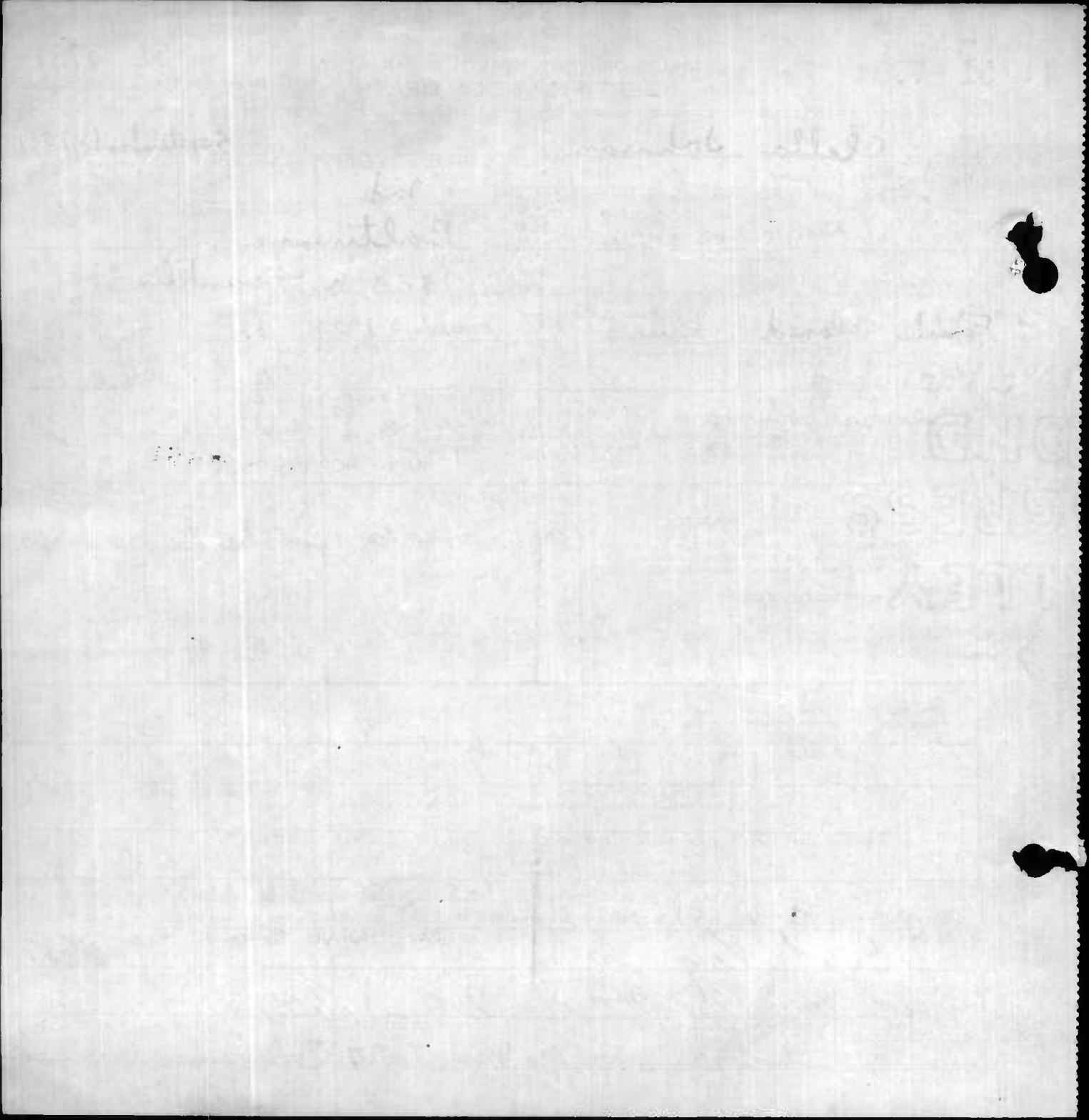
ADDRESS

322 N.

SEP 8 - 1951

83015

50



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 7785

BIRTH NO. 7785

1. NAME OF DECEASED (Type or Print) <b>DOROTHY Catherine FREDERICK</b>		2. DATE OF DEATH <b>Sept. 5, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>512 Hollen Road</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 26, 1898</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	9. AGE (In years last birthday) <b>53</b> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Henry Weber</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>none</b>		14. MOTHER'S MAIDEN NAME <b>Mary Kamm</b>	
17. INFORMANT <b>Joseph G. Frederick</b>		ADDRESS <b>512 Hollen Rd.</b>	

18. <b>E971.31</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Ingestion of ammonia</b> DUE TO <b>(B) Lacerations of both wrists</b> DUE TO <b>(C)</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>512 Hollen Road</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept. 5, 1951 8:45 P.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Ingestion of ammonia and slashed wrists</b>	
22. I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley B. Durlacher</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>Sept. 6, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/10/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>		25. FUNERAL DIRECTOR <b>John J. Moran</b> 3000 E. Balto. St.			

VS 151

N-964.0

*HB Lewis*

164 D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



John please ask  
if case should be tested :-

succeed by culturing (E977) ?

succeed by caustic  
alkali ? (E971)

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7786

51 7786

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MUEHLER, WALTER

2. DATE  
OF  
DEATH

9-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

St. Marys

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONFRANKLIN SQ  
HOSP.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

MECHANICSVILLE

Md

D. STREET ADDRESS (If rural, give location)

6800

c. Length of stay in Baltimore

15  
Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7-19-1910

9. AGE (In years  
last birthday)

41

10. Under 1 Year  
Months: Days

1 21

11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MECHANIC

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

KANSAS

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

HENRY

auto

14. MOTHER'S MAIDEN NAME

CARSTENS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

SELF

18. 002x and 260x  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) ADVANCED PULMONARY  
TUBERCULOSISINTERVAL BETWEEN  
ONSET AND DEATH

4 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

4 yrs.

19A. DATE OF OPERATION

8-30-51

19B. MAJOR FINDINGS OF OPERATION

Tbc, ADV. Lyr Lung

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 8-24-51, 19, to 9-8, 1951, that I last saw the  
deceased alive on 9-8, 1951, and that death occurred at 9:27 A. m., from the causes and on the date stated above.

23A. SIGNATURE

G. W. Benkovic

23B. ADDRESS

M. D. Franklin Sq. Hosp

23C. DATE SIGNED

9-8-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept 8 1951

24C. NAME OF CEMETERY OR CREMATORY

Mechanicsville

24D. LOCATION (City, town, or county) (State)

Mechanicsville Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

N. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntt &amp; Ryan, W. W. W. W.

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Funeral Home	
13. Name of Coroner		14. Name of Registrar		15. Name of Medical Examiner		16. Name of Health Officer	
17. Name of County Clerk		18. Name of Town Clerk		19. Name of Village Clerk		20. Name of City Clerk	
21. Name of State Clerk		22. Name of Federal Clerk		23. Name of National Clerk		24. Name of International Clerk	
25. Name of Local Clerk		26. Name of Regional Clerk		27. Name of District Clerk		28. Name of Sub-District Clerk	
29. Name of Ward Clerk		30. Name of Precinct Clerk		31. Name of Assembly District Clerk		32. Name of Senate District Clerk	
33. Name of County Clerk		34. Name of Town Clerk		35. Name of Village Clerk		36. Name of City Clerk	
37. Name of State Clerk		38. Name of Federal Clerk		39. Name of National Clerk		40. Name of International Clerk	
41. Name of Local Clerk		42. Name of Regional Clerk		43. Name of District Clerk		44. Name of Sub-District Clerk	
45. Name of Ward Clerk		46. Name of Precinct Clerk		47. Name of Assembly District Clerk		48. Name of Senate District Clerk	
49. Name of County Clerk		50. Name of Town Clerk		51. Name of Village Clerk		52. Name of City Clerk	
53. Name of State Clerk		54. Name of Federal Clerk		55. Name of National Clerk		56. Name of International Clerk	
57. Name of Local Clerk		58. Name of Regional Clerk		59. Name of District Clerk		60. Name of Sub-District Clerk	
61. Name of Ward Clerk		62. Name of Precinct Clerk		63. Name of Assembly District Clerk		64. Name of Senate District Clerk	
65. Name of County Clerk		66. Name of Town Clerk		67. Name of Village Clerk		68. Name of City Clerk	
69. Name of State Clerk		70. Name of Federal Clerk		71. Name of National Clerk		72. Name of International Clerk	
73. Name of Local Clerk		74. Name of Regional Clerk		75. Name of District Clerk		76. Name of Sub-District Clerk	
77. Name of Ward Clerk		78. Name of Precinct Clerk		79. Name of Assembly District Clerk		80. Name of Senate District Clerk	
81. Name of County Clerk		82. Name of Town Clerk		83. Name of Village Clerk		84. Name of City Clerk	
85. Name of State Clerk		86. Name of Federal Clerk		87. Name of National Clerk		88. Name of International Clerk	
89. Name of Local Clerk		90. Name of Regional Clerk		91. Name of District Clerk		92. Name of Sub-District Clerk	
93. Name of Ward Clerk		94. Name of Precinct Clerk		95. Name of Assembly District Clerk		96. Name of Senate District Clerk	
97. Name of County Clerk		98. Name of Town Clerk		99. Name of Village Clerk		100. Name of City Clerk	

D-320  
51 7787BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7787

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank J. Dietz

2. DATE  
OF  
DEATH

Sept 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4221 Bayonne Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

c. Length of stay in Baltimore

Life Yrs.  
Mths.  
Days

D. STREET ADDRESS (If rural, give location)

1014 E. 36th. Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Aug. 15, 1884

9. AGE (In years  
last birthday)

67

10. Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer (Retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Albert Dietz

14. MOTHER'S MAIDEN NAME

Augusta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Norman V. Waltjen. 1014 E. 36th. Street

18.

422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Arteriosclerotic Cardio-Vascular disease*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Asthma, Bronchial -*

15 yrs.

(C) *DUE TO*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7:46 p.m., to Sept 6, 1951, that I last saw the  
deceased alive on Sept 6, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Beltrich

M. D.

23B. ADDRESS

5006 Roland Ave - 10

23C. DATE SIGNED

Sept 7, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 8 - 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

H. H. Weigand &amp; Son - 8057 Calvert St

VS 150

543 55

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7788

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7788

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ANTONIA P. OLEKSINSKI

2. DATE  
OF  
DEATH

9/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1503 Patapsco St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE B. COUNTY 1503 Patapsco St.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore Md. 23-02

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

63 years Yrs.  
Mos. Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1879

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Jelen Aleksinski

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on Aug, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Dennis J. McGrath

23B. ADDRESS

16 Randall Dr

23C. DATE SIGNED

9/6/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9/6/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem - Dundalk #22

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Charles F. Pille 1501 E. Fort Ave

VS 150

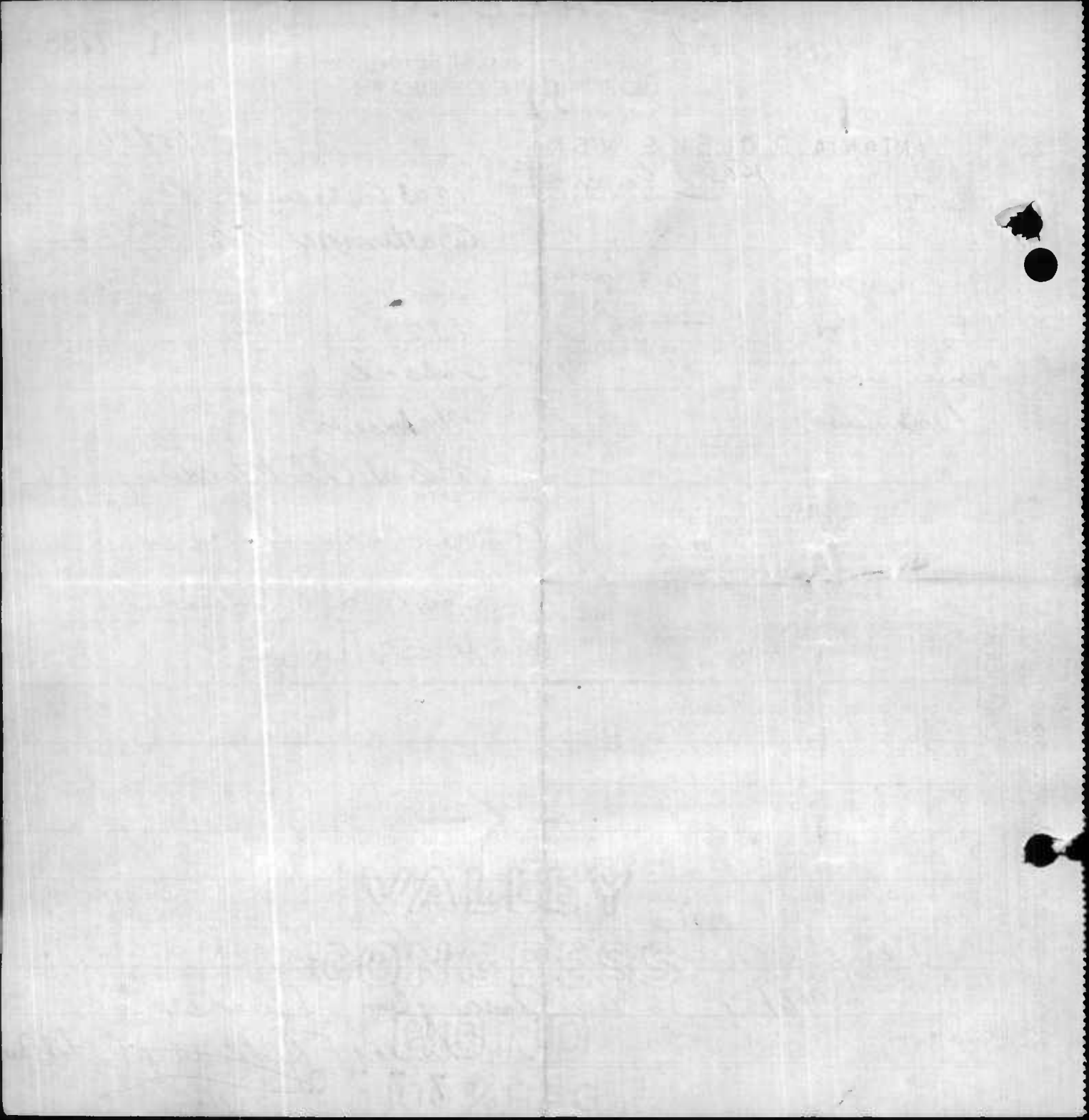
9510007778

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE MARRIED.  
WIDOWED DIVORCED (Specify)  
W.

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## A. CAUSE OF DEATH

A. Cirrhosis  
B. Chronic Glomerular Nephritis  
DUE TOC. Hypertensive arteriosclerosis  
DUE TO cardiovascular l.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-23, 1951, to 9-7, 1951, that I last saw the deceased alive on 8-23, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 9 - 1951

VS 150

9 5 1 0

Sol. Levinson &amp; Bros - 1124-26 W. North Ave.

131B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

DATE

TIME

AGE

SEX

RACE

RELATIONSHIP

EDUCATION

OCCUPATION

INDUSTRY

TRADE

PROFESSION

RELIGION

POLITICAL PARTY

DATE OF BIRTH

PLACE OF BIRTH

CITY OF BIRTH

COUNTY OF BIRTH

STATE OF BIRTH

COUNTRY OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CITY OF DEATH

COUNTY OF DEATH

STATE OF DEATH

COUNTRY OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

CITY OF INTERMENT

COUNTY OF INTERMENT

STATE OF INTERMENT

COUNTRY OF INTERMENT

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FLORENCE

Beatrice

(JOHNSON)

JOHNSTON

2. DATE  
OF  
DEATH

September 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1777 Freedom Way

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 26" 1925

9. AGE (In years  
last birthday)

26

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerk - Typist

10B. KIND OF BUSINESS OR  
INDUSTRY

Shell Oil Co.

11. BIRTHPLACE (State or foreign country)

Wellsville, Ohio

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Thomas L Johnston

14. MOTHER'S MAIDEN NAME

Martha Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

187-14-4011

17. INFORMANT 12 Manchester Place  
Thomas L Johnston Silver Spring, Md.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

Air embolus

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pregnancy - 4 months

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

1777 Freedom Way

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Sept. 7, 1951 6:30 P.m.

21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Air embolus while taking a douche

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER  
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED  
Sept. 7, 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

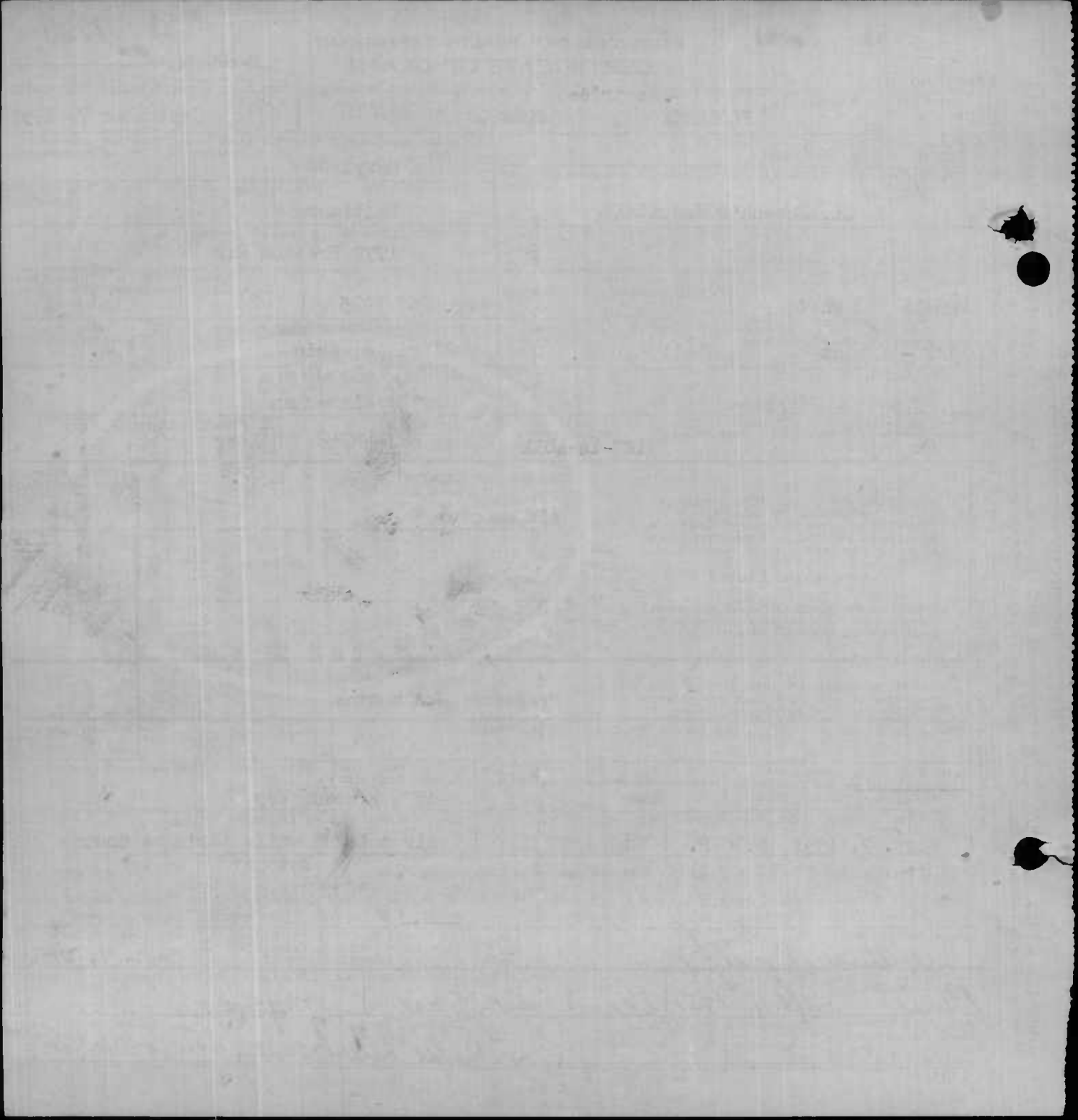
25. FUNERAL DIRECTOR

ADDRESS

VS 151

35066

147D



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)*Mr. Simon Berman*2. DATE  
OF  
DEATH*9-8-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Pulmonary edema*

DUE TO

*2 hours*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Hypertensive cardiovascular disease*  
(C) *Generalized Arteriosclerosis*

DUE TO

*years**year*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*Diabetes mellitus, Hypertrophy of prostate**15 years*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from *Jan 3*, 19*51*, to *Sept 8*, 19*51*, that I last saw the  
deceased alive on *Sept 8*, 19*51*, and that death occurred at *12:52* a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. FUNERAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



10-1-2

James D. Smith

James D. Smith  
Latter-day Saints  
Salt Lake City

James D. Smith  
Latter-day Saints  
Salt Lake City

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

DORA V. LA PIDES

2. DATE  
OF  
DEATH

9/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 15-12

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2483 Shirley Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Raymond La Pides - 2127 Edmondson Ave

18. 170 X and 002 X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDIOTN DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) METASTASES to LUNGS

DUE TO FROM

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CARCINOMA of R. BREAST

(C) POSSIBLE TAC of LUNG?

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from 9/8/51, 19, to 9/8/51, 19, that I last saw the deceased alive on 9/8/51, 19, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

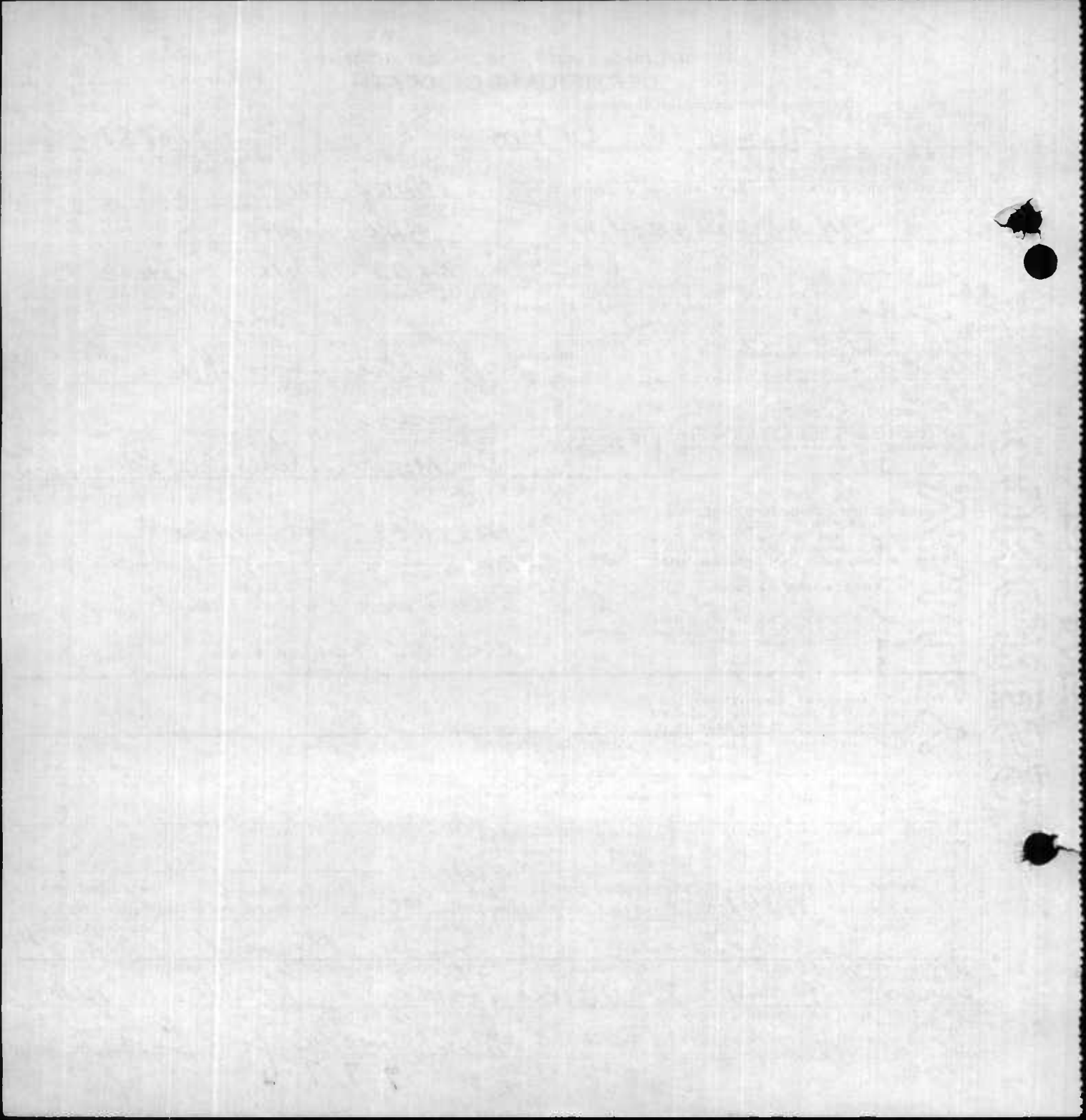
25. FUNERAL DIRECTOR

ADDRESS

SEP 9 - 1951

T. Williams

Jack Lewis Inc 2100 Eutan Rd



51 7793

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7793

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ola H. Carther

2. DATE  
OF  
DEATH

9/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2841 N. Calvert St

c. Length of stay in Baltimore

50 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan 7, 1894

9. AGE (In years last birthday)

57

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sect.

10B. KIND OF BUSINESS OR INDUSTRY

md Workshop Blind

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William J. Hearn

14. MOTHER'S MAIDEN NAME

Frances L. Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-18-9072

17. INFORMANT

ADDRESS

Melvin Foster 2841 N. Calvert St

18.

443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive C.V. disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. Pulinski

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
9/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

VS 151

1951 350827

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4/11/19

1919

1919

1919

1919

1919

1919

1919

1919

1919

1919

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*William Howard Poe*2. DATE  
OF  
DEATH*Sept 8 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

*Md.*

B. COUNTY

*Balto*

C. CITY OR TOWN

*Texas*

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (if rural, give location)

c. Length of stay in Baltimore

5. SEX

*M*

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED, (Specify)*married*

8. DATE OF BIRTH

*Oct 8, 1890*9. AGE (in years  
last birthday)*61*If Under 1 Year  
Months DaysIf Under 24 hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Quarry Foreman*10B. KIND OF BUSINESS OR  
INDUSTRY*quarry*

11. BIRTHPLACE (State or foreign country)

*Balto Co. Md.*12. CITIZEN OF  
WHAT COUNTRY?*USA*

13. FATHER'S NAME

*George Wm. Poe.*

14. MOTHER'S MAIDEN NAME

*Emma Brown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)*Yes**World War I*16. SOCIAL  
SECURITY NO.*216-07-4633*

17. INFORMANT

*Isabell Poe, Texas, Md.*

ADDRESS

18. *581.1**1917 - 1919*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Fatty Liver*

DUE TO

ANTECEDENT CAUSES

(B) *Acute Alcoholism*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*Fracture of Rt Clavicle*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)*Home*21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)*Texas Maryland*21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY*Sept 8 1951 7<sup>30</sup> m.*

21E. INJURY OCCURRED

WHILE AT ☐ WORK  
NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

*Fall at Home*22. I certify that I took charge of the remains described above, held an *Partial Autopsy* thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William V. Scott*23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

*Sept 9 1951*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*9-11-51*

24C. NAME OF CEMETERY OR CREMATORY

*Mount Chapel*

24D. LOCATION (City, town, or county)

*Timonium, Balto. Co. Md.*DATE RECEIVED BY  
LOCAL REGISTRAR*SEP 9 - 1951*

REGISTRAR'S SIGNATURE

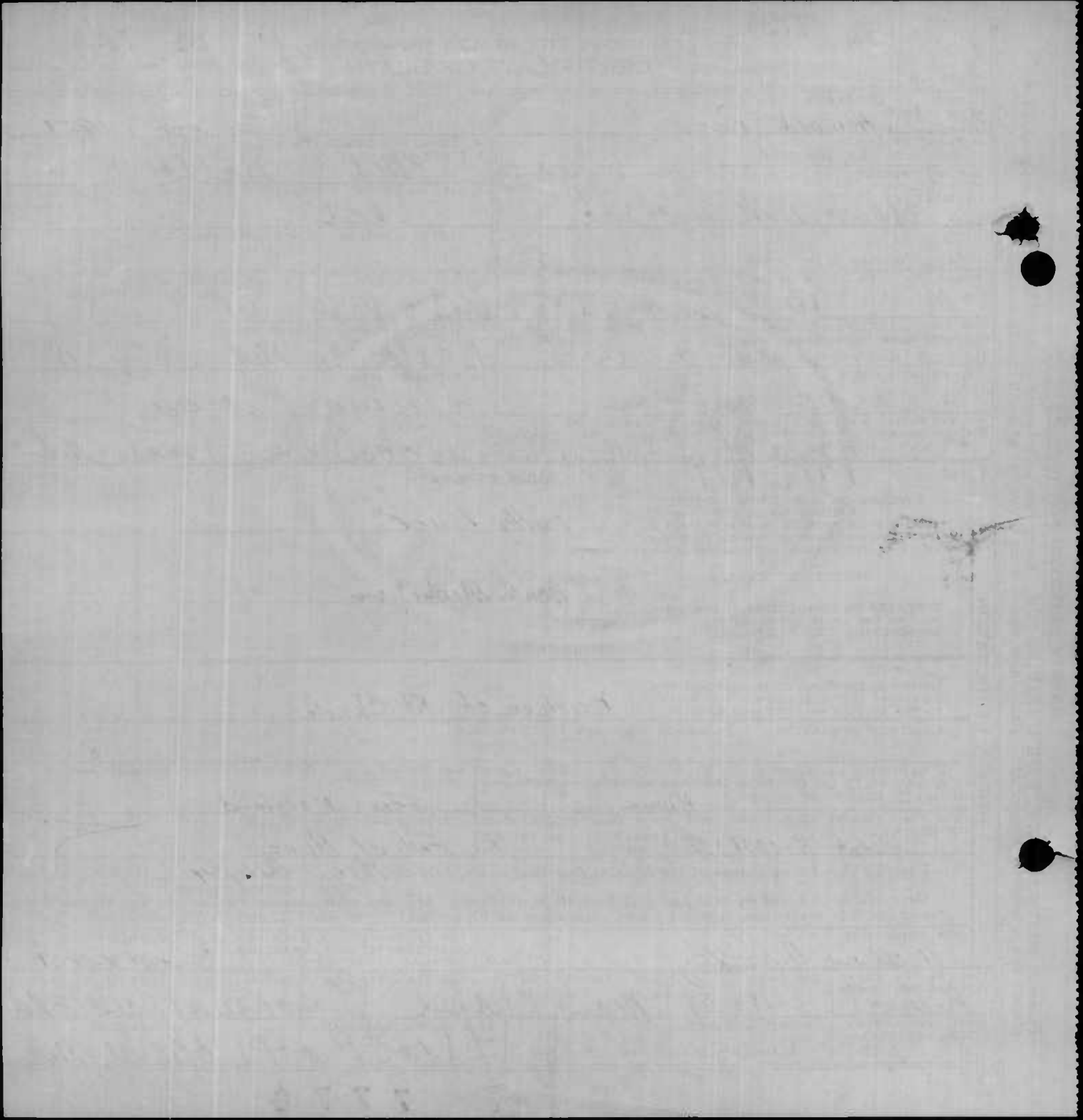
*W. V. Scott*

25. FUNERAL DIRECTOR

*L. Scott Brooks, Sparks, Md.*

ADDRESS





T-160 51 7795

51 7795

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		
1. NAME OF DECEASED (Type or Print) <i>Martha T. Taylor</i>		2. DATE OF DEATH <i>September 7, 1951</i>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) A. STATE <i>md.</i> B. COUNTY _____
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>28-04</i>
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>5025 West Hills Rd.</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>N. W.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>
13. FATHER'S NAME <i>William James Emerson</i>		14. MOTHER'S MAIDEN NAME <i>Doulin</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____
17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>570.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Mesenteric embolus</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Mitral Stenosis</i> DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Mesenteric embolus</i> <i>Mitral Stenosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 Day</i>
---	---	--

19A. DATE OF OPERATION <i>9-4-51 to 9-7-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Femoral emboli, Mesenteric embolus</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>9-4</i> , 19 <i>51</i> , to <i>9-7</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9-7</i> , 19 <i>51</i> , and that death occurred at <i>6:00 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>John T. Burroughs</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>9-7-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Sept. 10/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Joseph's Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Easton, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 10 1951</i>	REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Harry H. Witzke</i>		
		ADDRESS <i>4101 Edmondson</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 7795 99 due

307 Cedarcroft

51 7796

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7796

Registered No.

BIRTH NO.

51-21494

1. NAME OF DECEASED  
(Type or Print)

Baby boy Conrad

2. DATE  
OF  
DEATH

9/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Cy. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Franklin Square Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md. 1329 Linden Ave

c. Length of stay in Baltimore

2 days

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

Jayette &amp; Calhoun St. an

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/7/51

9. AGE (In years last birthday)

0

If Under 1 Year Months Days

0

If Under 24 Hours Hours Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ray Conrad

14. MOTHER'S MAIDEN NAME

Mary Clayton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Ray Conrad 1329 Linden Ave

ADDRESS

18.

76251

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Ateutou

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Spontaneous

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

2 days

36

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 7, 1951, to Sept 9, 1951, that I last saw the deceased alive on Sept. 9, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Chambers

M. D.

23B. ADDRESS

Franklin Square Hosp

23C. DATE SIGNED

9/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

West Lake

24D. LOCATION (City, town, or county)

Austed W. Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. - 1217 St. Paul St.

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Place of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Funeral Home	
16. Signature of Burial Place		17. Signature of Cemetery		18. Signature of Interment		19. Signature of Burial		20. Signature of Burial	
21. Signature of Burial		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

200 51 7797

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7797

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lottie York</i>		2. DATE OF DEATH <i>9-9-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St Agnes' Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 20-05</i>	
C. Length of stay in Baltimore <i>LIFE</i>		D. STREET ADDRESS (If rural, give location) <i>2648 Lehman St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3-25-1903</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Thomas Leonard Collins</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>Watson E. York</i>		ADDRESS <i>2648 Lehman St.</i>	

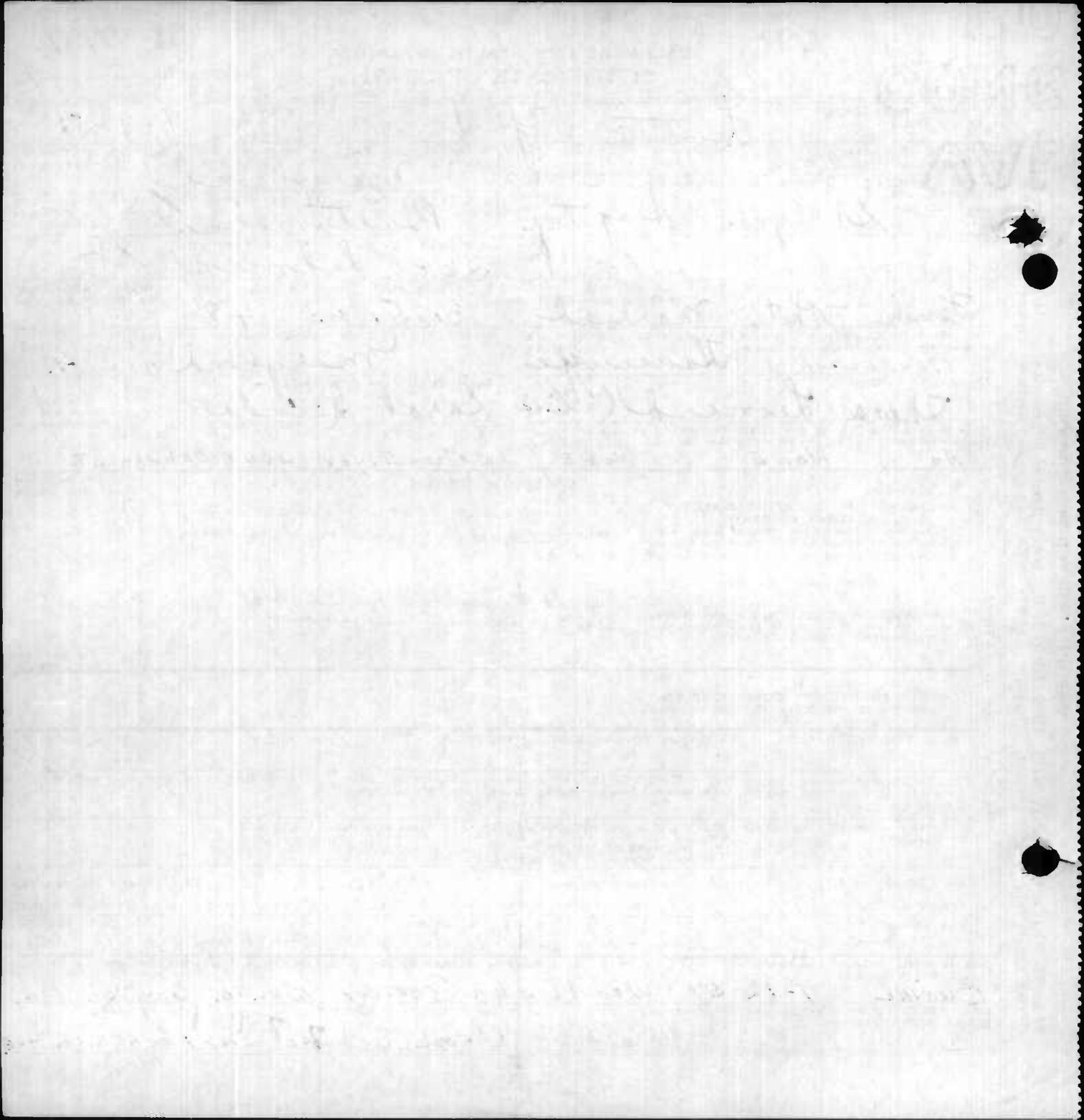
18. <i>Yrr. I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebro vascular accident.</i>		INTERVAL BETWEEN ONSET AND DEATH
(A) <i>probably cerebral thrombosis</i> DUE TO		
(B) <i>Arteriosclerotic Cardio-Vascular Disease</i> DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/9/51</i> , 19 <i>51</i> , to <i>9/9/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9/9/51</i> , 19 <i>51</i> , and that death occurred at <i>1:40</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry L. Knipp</i>		23B. ADDRESS <i>St. Agnes Hosp</i>		23C. DATE SIGNED <i>9/9/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>9-12-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN CEMETERY</i>	
24D. LOCATION (City, town, or county) (State) <i>BALTO. COUNTY, MD.</i>		25. FUNERAL DIRECTOR <i>Geo. L. Schuch</i>		ADDRESS <i>2101 Frederick Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 10 1951</i>		REGISTRAR'S SIGNATURE <i>W. Williams</i>			

VS 150

93D





260 51 7798

BALTIMORE CITY HEALTH DEPARTMENT

51 7798

Registered No.

BIRTH NO.

## CERTIFICATE OF DEATH

(LIZZIE) (YAGER)

1. NAME OF DECEASED  
(Type or Print)

Mrs Elizabeth Yeager

2. DATE  
OF  
DEATH

9-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St Agnes' Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-07

D. STREET ADDRESS (If rural, give location)

108 Monastery Ave

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

2-3-1875

9. AGE (In years  
last birthday)

76

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sorter

10B. KIND OF BUSINESS OR  
INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John Wall

Deed

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Elizabeth Siemerts 448 S. Bentalou St.

18.

4221 I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Thrombosis

DUE TO

Arterioscl. Cardio. Vasc. Disease

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1951, to 9/9, 1951, that I last saw the  
deceased alive on 9/9, 1951, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. Knip

M. O.

23B. ADDRESS

St. Agnes Hosp

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-12-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lutington Williams

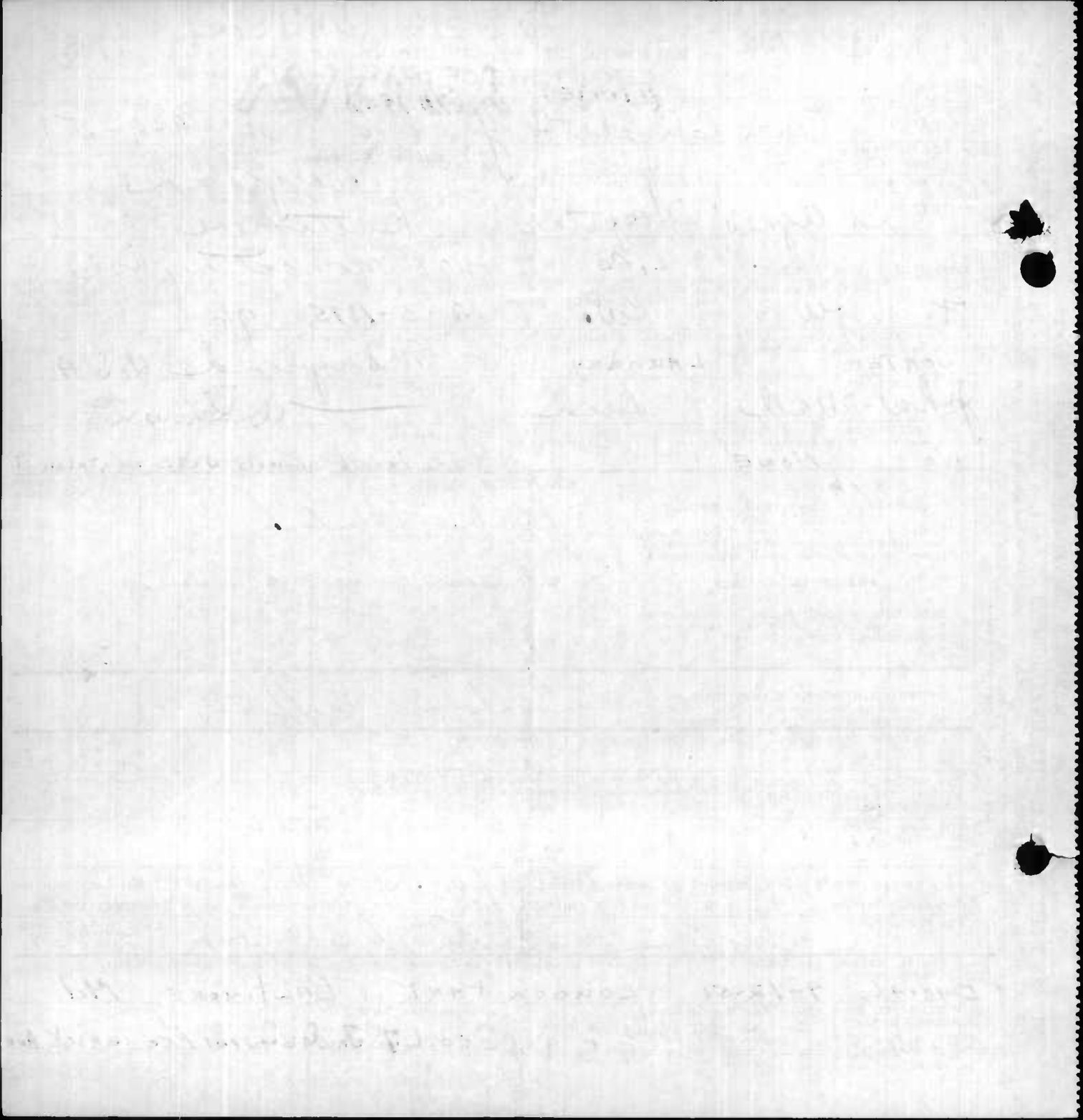
25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 22101 Frederick Ave

SEP 10 1951

VS 150



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

SARA

WASHINGTON

2. DATE  
OF  
DEATH

September 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1000 Linden Avenue

C. Length of stay in Baltimore

11 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 8, 1928

9. AGE (in years last birthday)

22

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maids

10B. KIND OF BUSINESS OR INDUSTRY

Office Bldg.

11. BIRTHPLACE (State or foreign country)

Spartanburg, S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Larry Cromwell

14. MOTHER'S MAIDEN NAME

Ora Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT, ADDRESS

Sgt. Robert Washington, Jr. Linden Ave.

18. E976X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of the head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1000 Linden Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Sept. 7, 1951 3:30 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 8, 1951

24A. BURIAL - CREMATION - REMOVAL (Specify)

Burial

24B. DATE

9-11-1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 10 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Holland Funeral Home

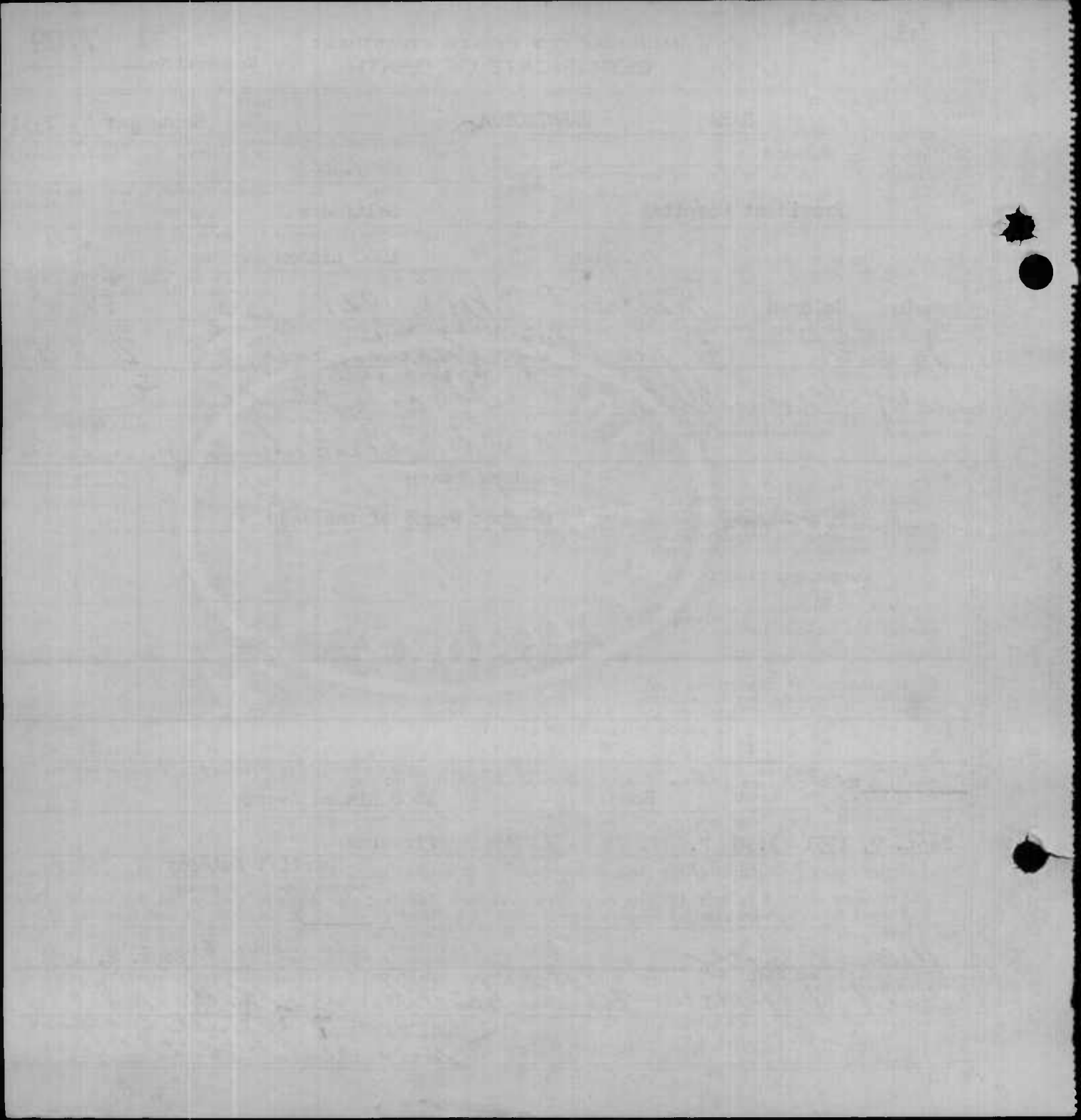
V S 151

N-853.4 75374

164c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7800

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7800

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 4, 1951, to Sept. 8, 1951, that I last saw the  
deceased alive on Sept. 4, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

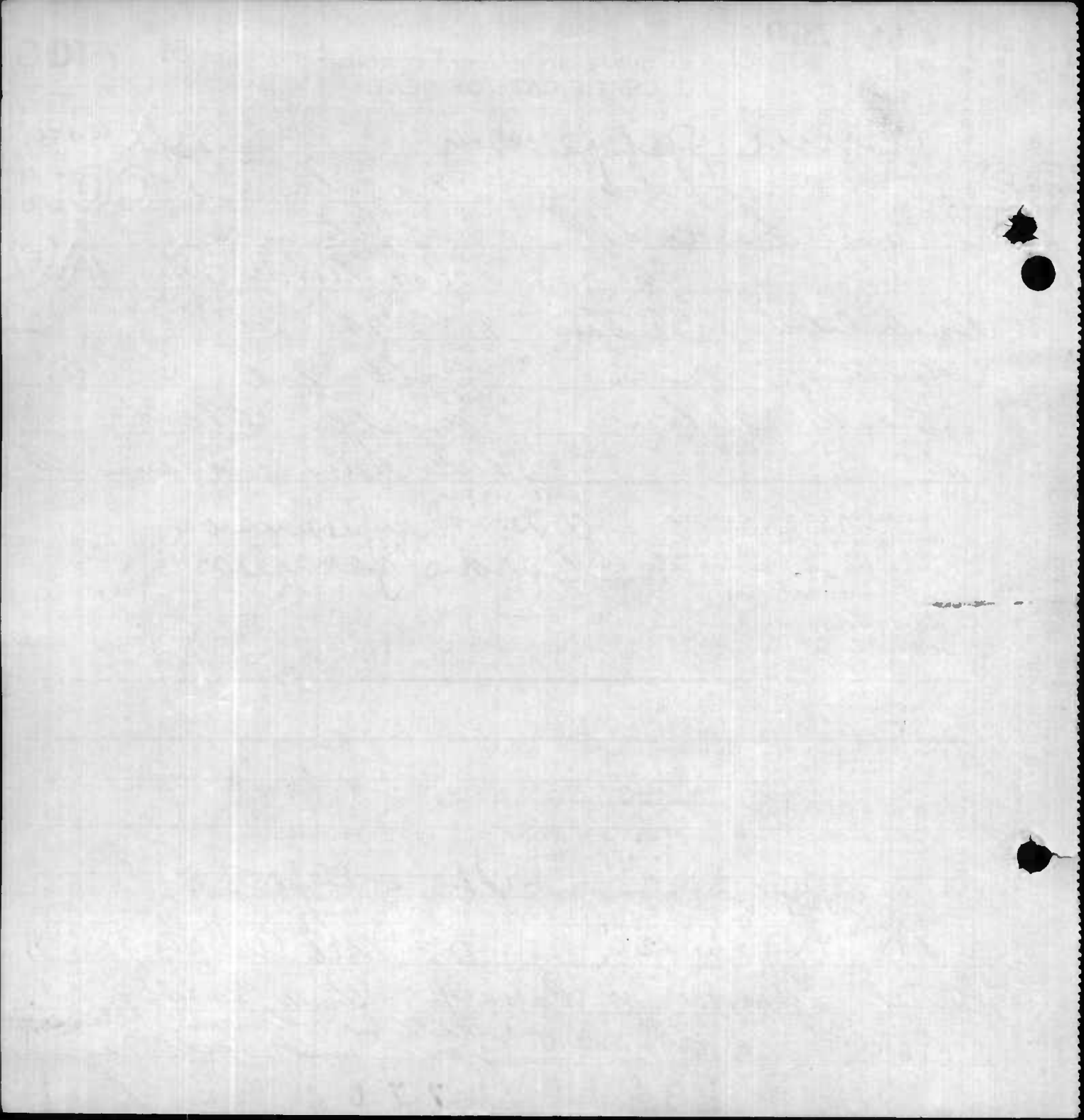
9510007704

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7801

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Courtney, Rosa M.

2. DATE  
OF  
DEATH

9.6.1957.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Franklin Square Hospit.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-03

D. STREET ADDRESS (If rural, give location)

Courtney Cloverdale Rd. 1223

c. Length of stay in Baltimore

30 years

5. SEX

Female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

2.12.1888

9. AGE (In years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Kelly Courtney

14. MOTHER'S MAIDEN NAME

Pauline Braxton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or ooooww) (If yes, give war or dates of service)

no.

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Katie Clayton Cloverdale Rd. 1223

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

Uremia - Nephrosclerosis

Generalized Carcinomatous

Ca. of abdomen

Rheumatic Heart dis.

C. decompensation

INTERVAL BETWEEN ONSET AND DEATH

1 wk

10 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.14.1957 to 9.6.1957, that I last saw the deceased alive on 8.9.1957, and that death occurred at 11.45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Delorme

M. D.

23B. ADDRESS

2 Mullin Sq. Hosp.

23C. DATE SIGNED

9-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-10-1951

24C. NAME OF CEMETERY OR CREMATORY

Zion Baptist

24D. LOCATION (City, town, or county)

Baltimoreland C. 12

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. M. Delorme

25. FUNERAL DIRECTOR

Halland Funeral Home 1631 Druid Hill Ave.

ADDRESS

SEP 10 1951

VS 150

1951020778549a



MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 7802

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7802  
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <u>Rose Zappa</u>	
2. DATE OF DEATH <u>9-6-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1000 Caton Ave</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jenkins Memorial Hosp</u>	
C. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>8-19-1874</u>	
9. AGE (In years last birthday) <u>77</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>ITALY</u>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>CERIO D. LORENZO</u>	
14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Joseph Zappa</u>	
ADDRESS <u>321 TUNBRIDGE RD</u>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <u>Cerebral Hemorrhage</u> (B) <u>Cerebral Sclerosis</u> (C) <u>Rheumatoid Arthritis</u> <u>Parkinsonism</u> INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <u>0</u>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 1, 1951</u> , to <u>Sept 7, 1951</u> , that I last saw the deceased alive on <u>Sept 6, 1951</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.	
23A. SIGNATURE <u>John C. Early</u>	
23B. ADDRESS <u>St. Ignace Hosp</u>	
23C. DATE SIGNED <u>9/7/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24B. DATE <u>10/10/51</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>Taylor Ave Balto MD</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 10 1951</u>	
REGISTRAR'S SIGNATURE <u>Wm. J. Williams, M.D.</u>	
FUNERAL DIRECTOR <u>Donald J. Puck</u>	
ADDRESS <u>5315 Highland Rd.</u>	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

MANNER OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

MANNER OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

MANNER OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

MANNER OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7803

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Matilda, Sr. Mary

2. DATE  
OF  
DEATH

September 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Delaware

V-07

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Wilmington

D. STREET ADDRESS (If rural, give location)

115 E. Fourteenth St.

c. Length of stay in Baltimore

1

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7/29/71

9. AGE (In years  
last birthday)

80 yr.

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR  
INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Dillon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mother Mary Edith - St. Joseph Hospital

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Myocardial infarction, acute

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Coronary arteriosclerosis

DUE TO

(C) Hypertensive cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 9, 1951, to September 9, 1951 that I last saw the  
deceased alive on Sept. 9, 1951 and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Sept. 9, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

Wilmington, Delaware

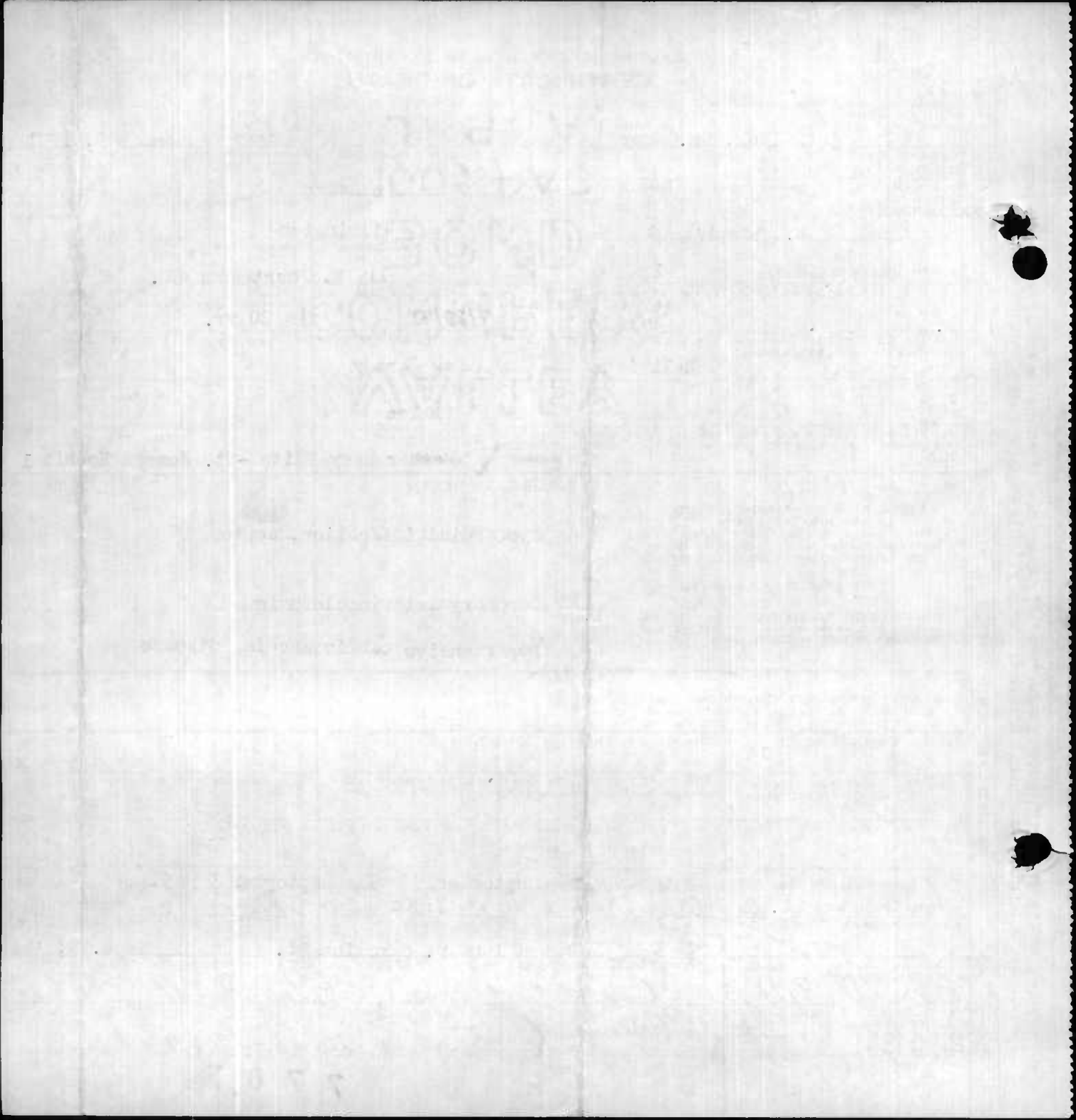
Leonard J. Ruch - 5305 Hybrid Rd.

VS 150

510007787

93D





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 7804

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FANNIE MAZER

2. DATE OF DEATH

9/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

SINAI HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5712 Beechdale Ave.

c. Length of stay in Baltimore

37 Yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

11/16/91

9. AGE (in years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Abraham Bryant

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Dr Robert Mazer 5712 Beechdale Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute Poss. Myocardial Infarct

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HASCVD.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/6, 1951, to 9/8, 1951, that I last saw the deceased alive on 9/8/51, 1951, and that death occurred at 12:00 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Leow Danner, M. D.

23B. ADDRESS

Sinai Hospital.

23C. DATE SIGNED

9/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery Rogers Ave Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

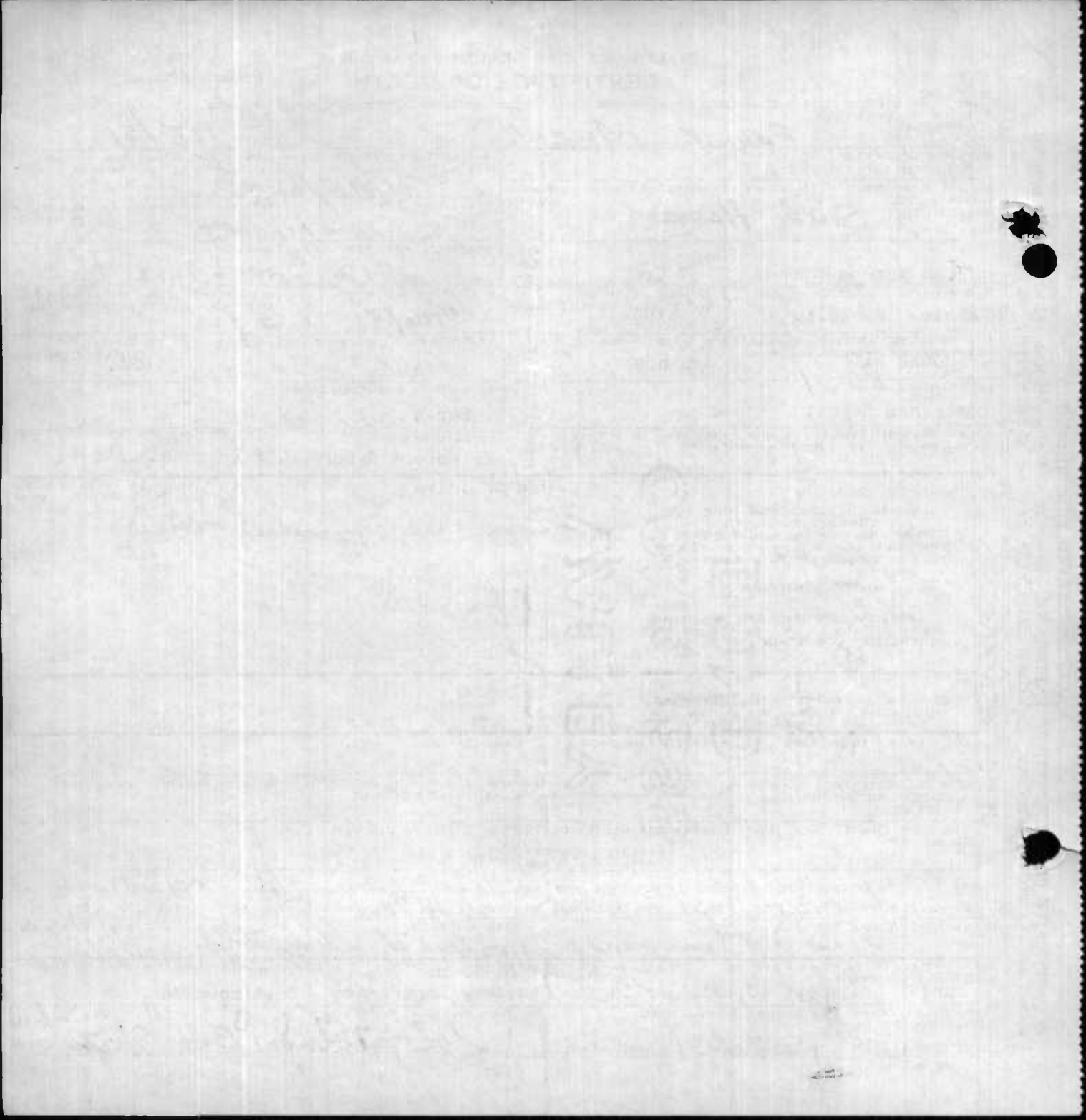
ADDRESS

Sol. F. Williams, Bms North ave

SEP 10 1951

VS 150

937



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*May Berkowitz*

2. DATE  
OF  
DEATH

*September 8, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

*Maryland*

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*3704 Towanda Ave*

C. CITY OR TOWN

*Baltimore*

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*3704 Towanda Ave*

C. Length of stay in Baltimore

*50 Yrs*

Yrs.  
Mos.  
Days

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*Married*

8. DATE OF BIRTH

*1/19/1885*

9. AGE (in years last birthday)

*66*

10 Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Salesman Liquor*

10B. KIND OF BUSINESS OR INDUSTRY

*Liquor*

11. BIRTH PLACE (State or foreign country)

*Russia*

12. CITIZEN OF WHAT COUNTRY?  
*USA.*

13. FATHER'S NAME

*Abraham Berkowitz*

14. MOTHER'S MAIDEN NAME

*Matilda ?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs Fannie Berkowitz 3704 Towanda Ave*

18.

*430.0 I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial infarction*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

*Unknown*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic heart disease*

DUE TO

*Unknown*

(C) \_\_\_\_\_

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 29, 1951* to *Sept. 8, 1951*, that I last saw the deceased alive on *Sept 8, 1951* and that death occurred at *10:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Sidney Schuberger*

23B. ADDRESS

*1214 N. Calvert St.*

23C. DATE SIGNED

*9 Sept 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*Sept 10, 1951*

24C. NAME OF CEMETERY OR CREMATORY

*Shaarei Zion Cong Cemetery*

24D. LOCATION (City, town, or county)

*Baltimore Md*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 10 1951*

REGISTRAR'S SIGNATURE

*Thurston Williams*

25. FUNERAL DIRECTOR

*Sol Greenberg & Bros*

ADDRESS

*1126 W North Ave*

VS 150

*4306 Q*

*937*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7806  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Walter Hammett

2. DATE  
OF  
DEATH

Sept 8 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

124 S. Patterson Pk Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-05

D. STREET ADDRESS (If rural, give location)

124 S. Patterson Pk Ave

C. Length of stay in Baltimore

4 yrs

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov 22-1911

9. AGE (In years last birthday)

39

10. MONTHS: 10

16

11. HOURS: 10

16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Cal Driver

11. BIRTHPLACE (State or foreign country)

England Bridgeport Conn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Walter John Hammett

14. MOTHER'S MAIDEN NAME

Lillian B. Neshtell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

003-09-8313

17. INFORMANT

ADDRESS

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation by Strangulation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

124 S. Patterson Park Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

9/8/51 3:00 P. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hanged self with electric wire from door frame

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Woodruff

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept 9 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

cremation

24B. DATE

Sept. 11-1951

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Greenmount Ave. & Ohio Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

SEP 10 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Joseph Larace Inc. 2013 Greenmount Ave.

ADDRESS

V S 151

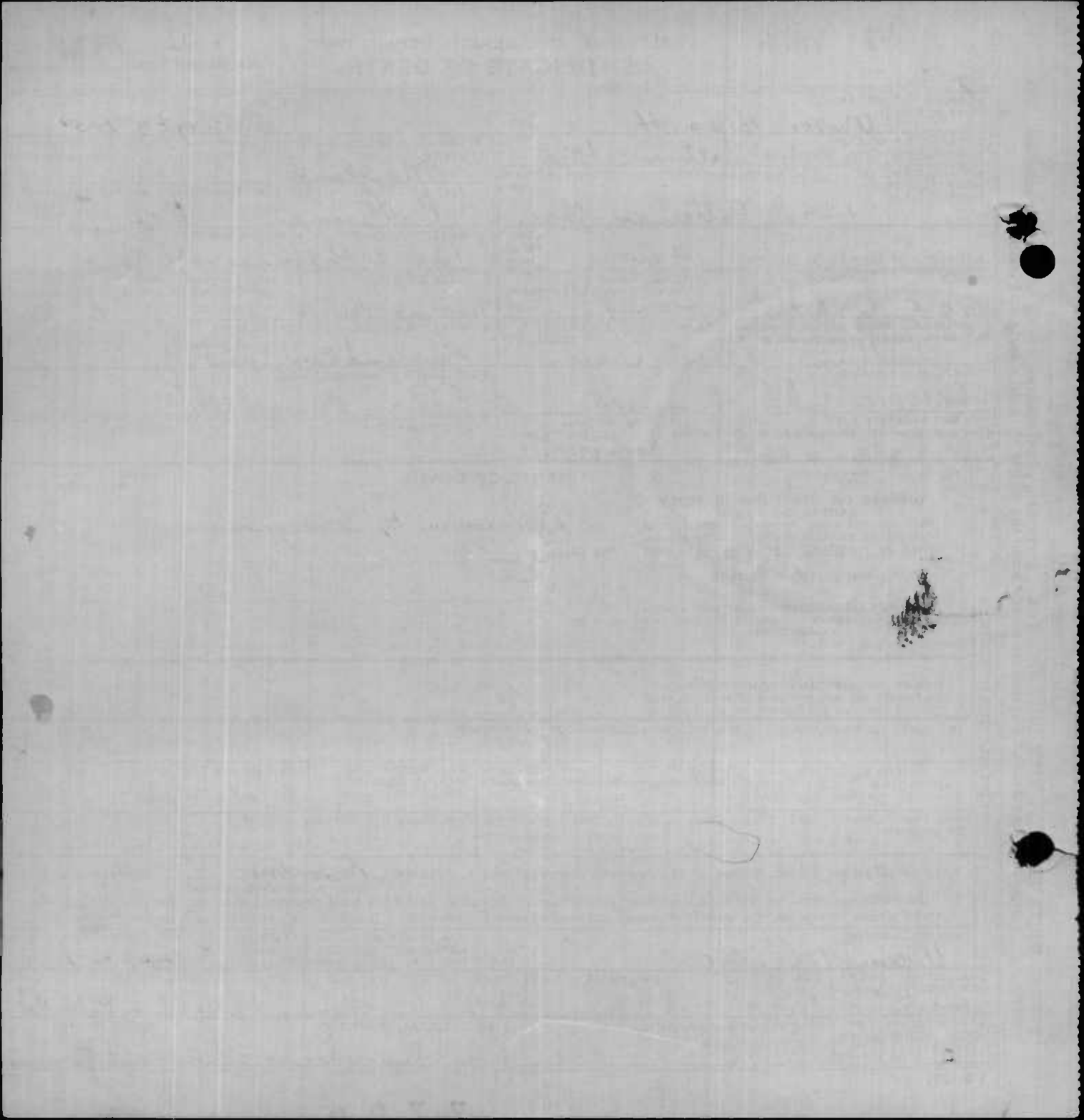
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7807

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Mary Davis

Mary E. Trusty Davis

2. DATE  
OF  
DEATHSept 8 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION813 Tessier St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

813 Tessier St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Oct. 11, 18919. AGE (In years  
last birthday)59If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF  
WHAT COUNTRY?U. S. A

13. FATHER'S NAME

Thomas H. Trusty

14. MOTHER'S MAIDEN NAME

Agnes Dorsey15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 813Mr. Herman Bosticlas Tessier St.18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive Cardiovascular

DUE TO

## ANTECEDENT CAUSES

(B) Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Loyd23B. CHIEF MEDICAL EXAMINER.....☐  
ASSISTANT MEDICAL EXAMINER.....☒  
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
Sept 9 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

9-13-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

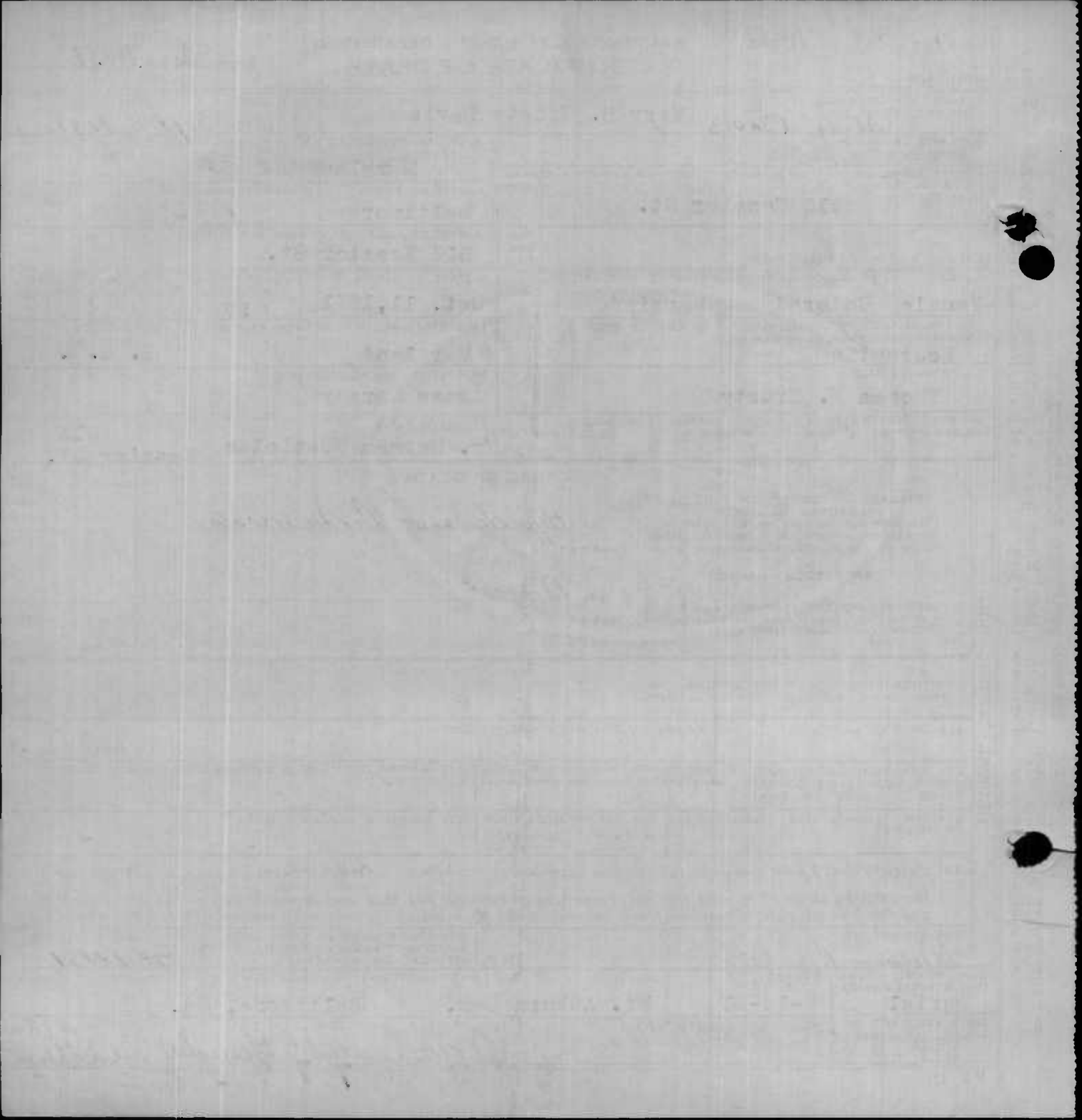
Baltimore, Md.DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mr. Frances C. Heyday Biddle St. 578



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7808**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**VANDER**

**DAVIS**

2. DATE  
OF  
DEATH

**Sept. 5, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**South Balto. General Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

**23-01**

D. STREET ADDRESS (If rural, give location)

**1107 S. Sharp Street**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**M**

8. DATE OF BIRTH

**4/16/1916**

9. AGE (In years  
last birthday)

**35**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR  
INDUSTRY

**Contracting**

11. BIRTHPLACE (State or foreign country)

**South Carolina**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Priestley Dukes**

14. MOTHER'S MAIDEN NAME

**Dianah Bailey**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Priestley Dukes-1024 Sharp St**

18. **E 982X**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) **Stab wound of chest**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

**Street**

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

**Hamburg & Leadenhall St.**

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

**Sept. 5, 1951**

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

**Sharp instrument**

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☒ undetermined ☐.

23A. SIGNATURE

**Stanley K. Decker**

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**Sept. 6, 1951**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**9/16/51**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary**

24D. LOCATION (City, town, or county)

**C. & Co. Md**

DATE RECEIVED BY  
LOCAL REGISTRAR

**SEP 10 1951**

REGISTRAR'S SIGNATURE

**William H. Williams**

25. FUNERAL DIRECTOR

**W. L. Williams - Montgomery**

ADDRESS

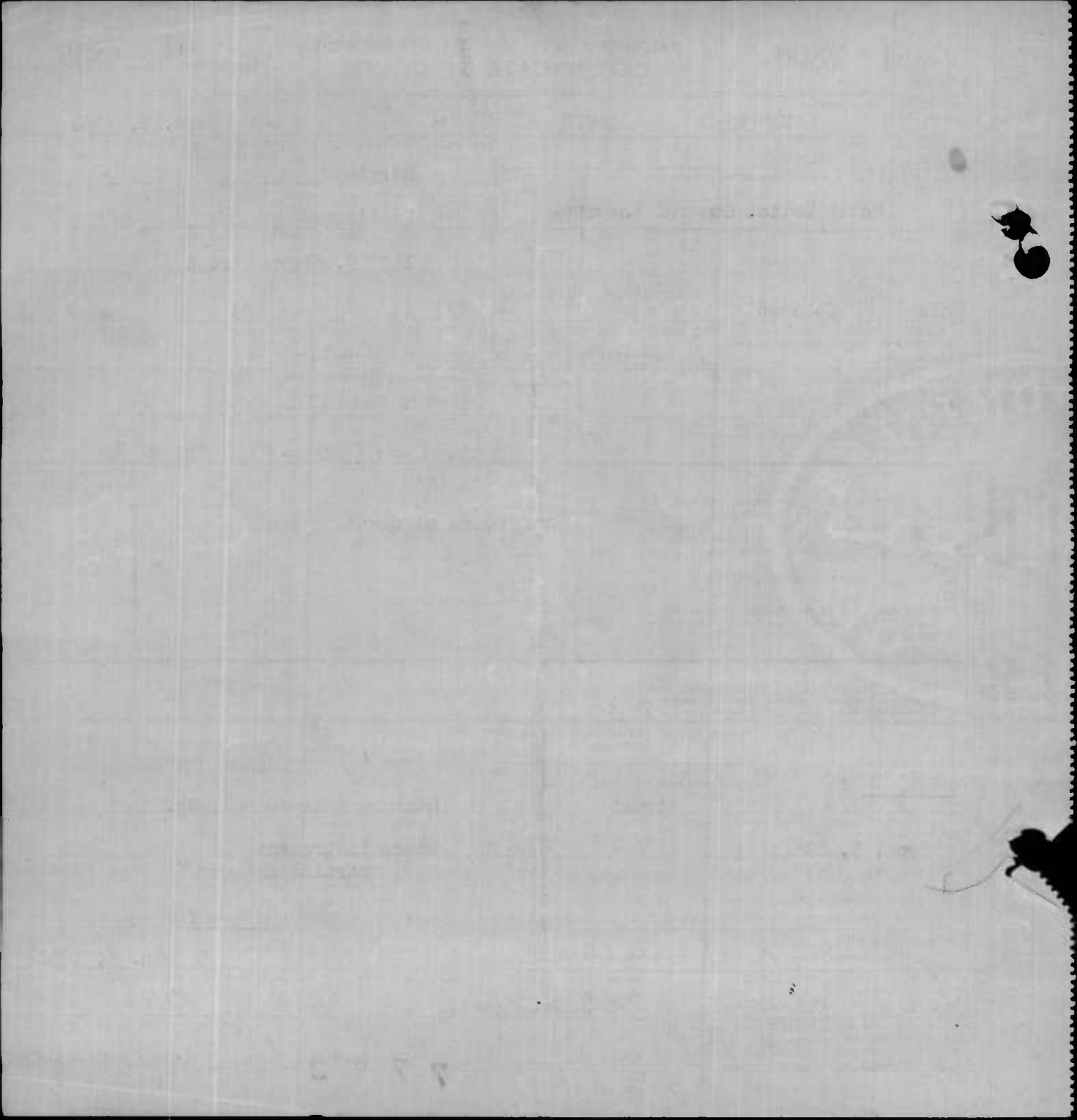
**106 W**

V S 151

**N-8624 95 97828**

**167**

MARGIN RESERVED FOR BINDING  
PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is essential. Physicians: please write the causes of death clearly and legibly.



51 7809

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES FRANK HOWARD

2. DATE  
OF DEATH

Sept. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR US Public Health Service

INSTITUTION Hospital  
Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-33

D. STREET ADDRESS (If rural, give location)

2508 Hollins Ferry Road

5. SEX

M

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/29/85

9. AGE (In years  
last birthday)

66

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank R. Howard

14. MOTHER'S MAIDEN NAME

Amanda Reister

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 2- Army

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records-US PHS Hospital, Balto, M d.

18.

154X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Anaplastic carcinoma of rectum

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Sept. 4, 1951, to Sept. 5, 1951, that I last saw the  
deceased alive on Sept. 5, 1951, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

9/6/51

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9/10/51

Mt Auburn, et

Balto City

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

L. L. Brown

108 W

46D

VS 150

950086W 7793

46D

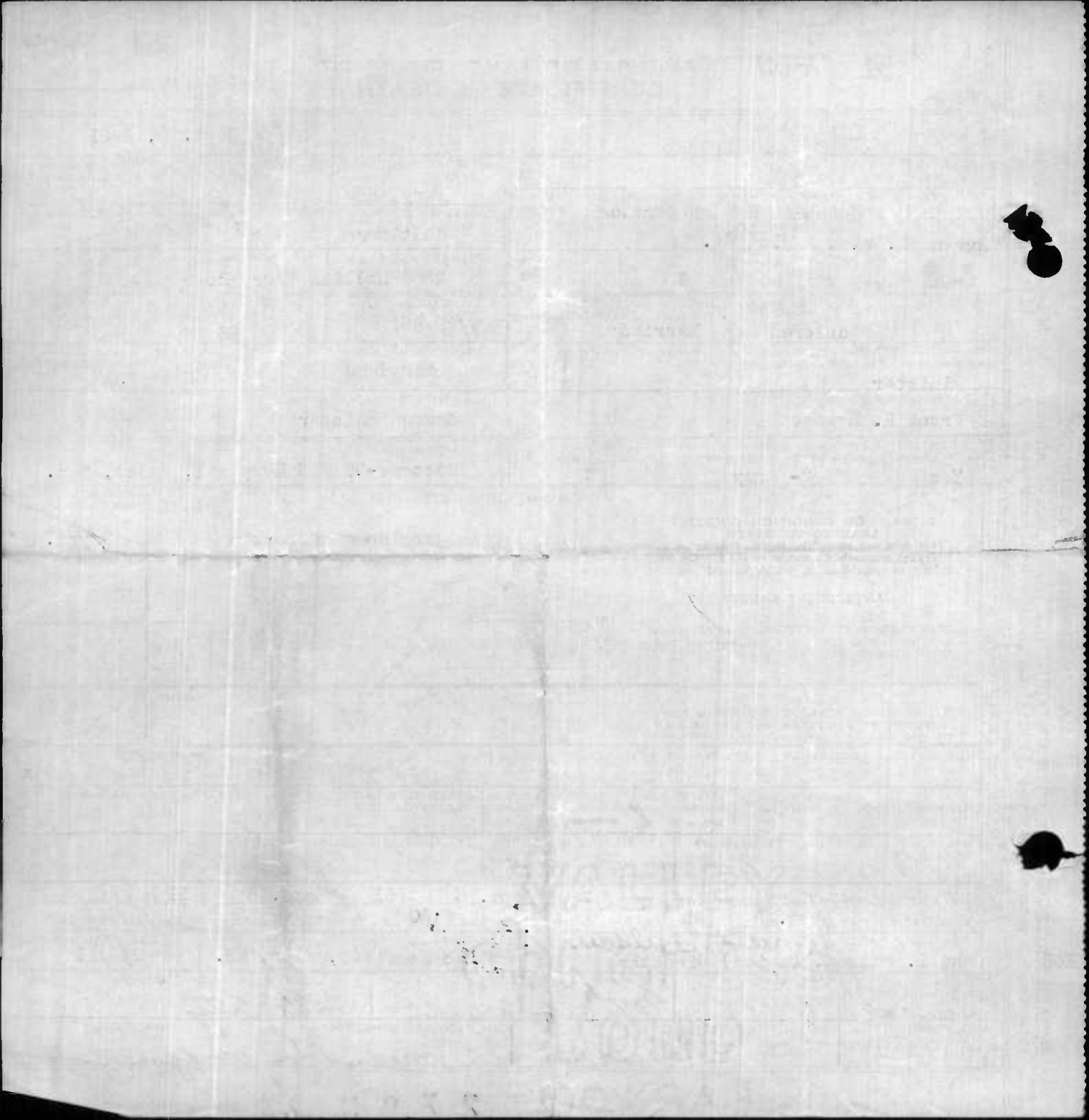
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

RG





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

51 7810

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY

BUSHROD

2. DATE  
OF  
DEATH

September 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1106 South Sharp Street

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (in years last birthday)

29

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contracting

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry W. Bushrod

14. MOTHER'S MAIDEN NAME

Mary C. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

Yes

WW2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary C. Bushrod-1106 Sharp Street

18. E982X1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Exsanguination incident to rupture of ~~arteriovenous~~ arteriovenous aneurysm due to stab wound of chest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

!!  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONCOITION CAUSING IT.

19A. DATE OF OPERATION

9/6/51

19B. MAJOR FINDINGS OF OPERATION

Traumatic aneurysm of left sub-clavian artery

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Alley

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

In alley in rear of 720 Light Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

7/1/51 About 4:45 P.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp Instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. P. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore, National Ct

24D. LOCATION (City, town, or county)

Baltimore, City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 10 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

E. L. Brown

ADDRESS

108 W. Montgomery St

V S 151

SEP 10 1951

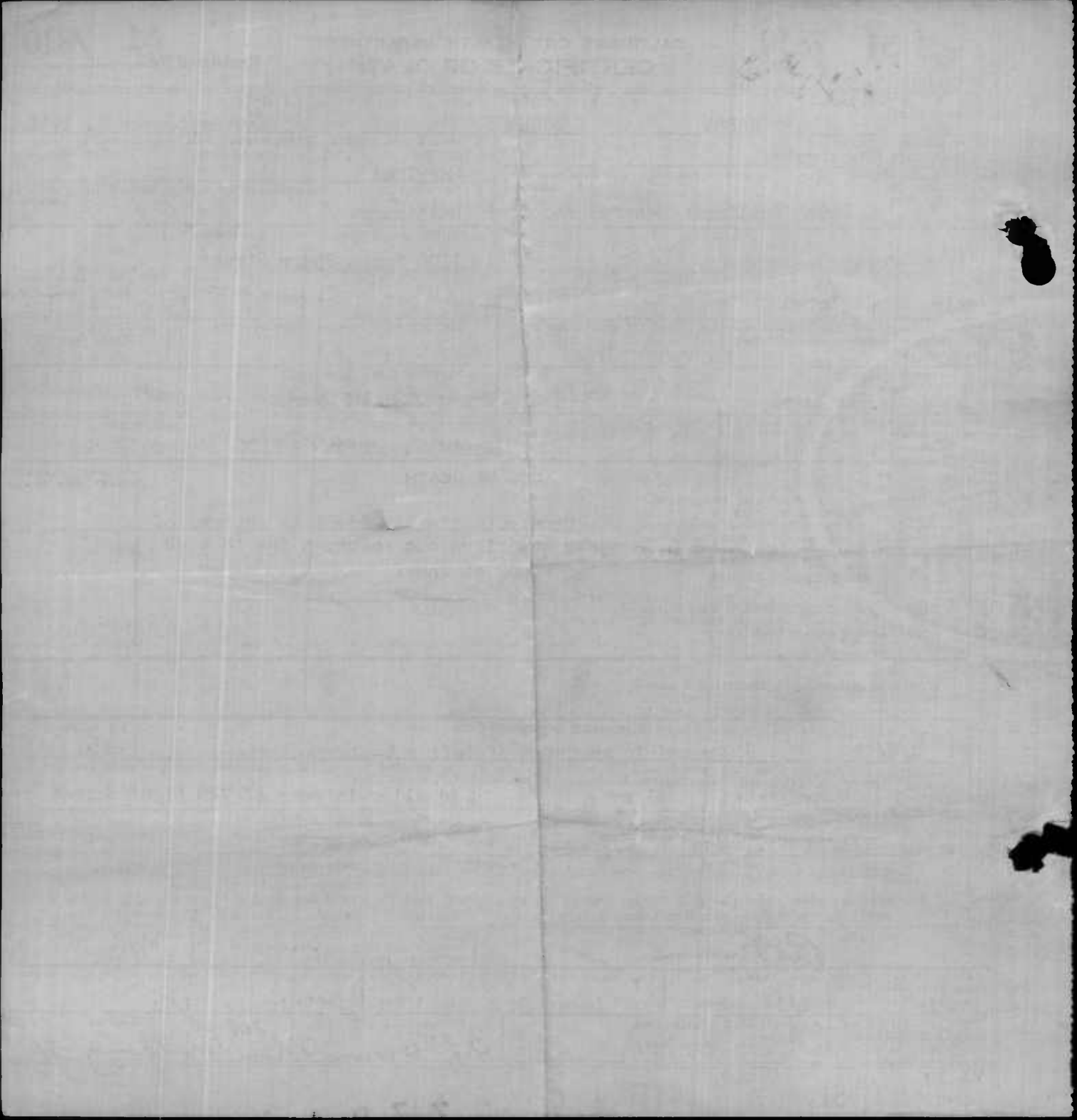
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167

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly supplied. The



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7811

BIRTH NO. 51-23723

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Bentz

2. DATE  
OF  
DEATH

9-8-1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-05

c. Length of stay in Baltimore

one Day

D. STREET ADDRESS (If rural, give location)

1044 Stoll Place

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-8-1957

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Bentz

14. MOTHER'S MAIDEN NAME

Elenora Zaucha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

1044 Stoll Place

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Prematurity

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8-1957, to 9-8-1957, that I last saw the deceased alive on 9-8-1957, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene A. Bauman

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9-8-1957

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

9.10.57

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

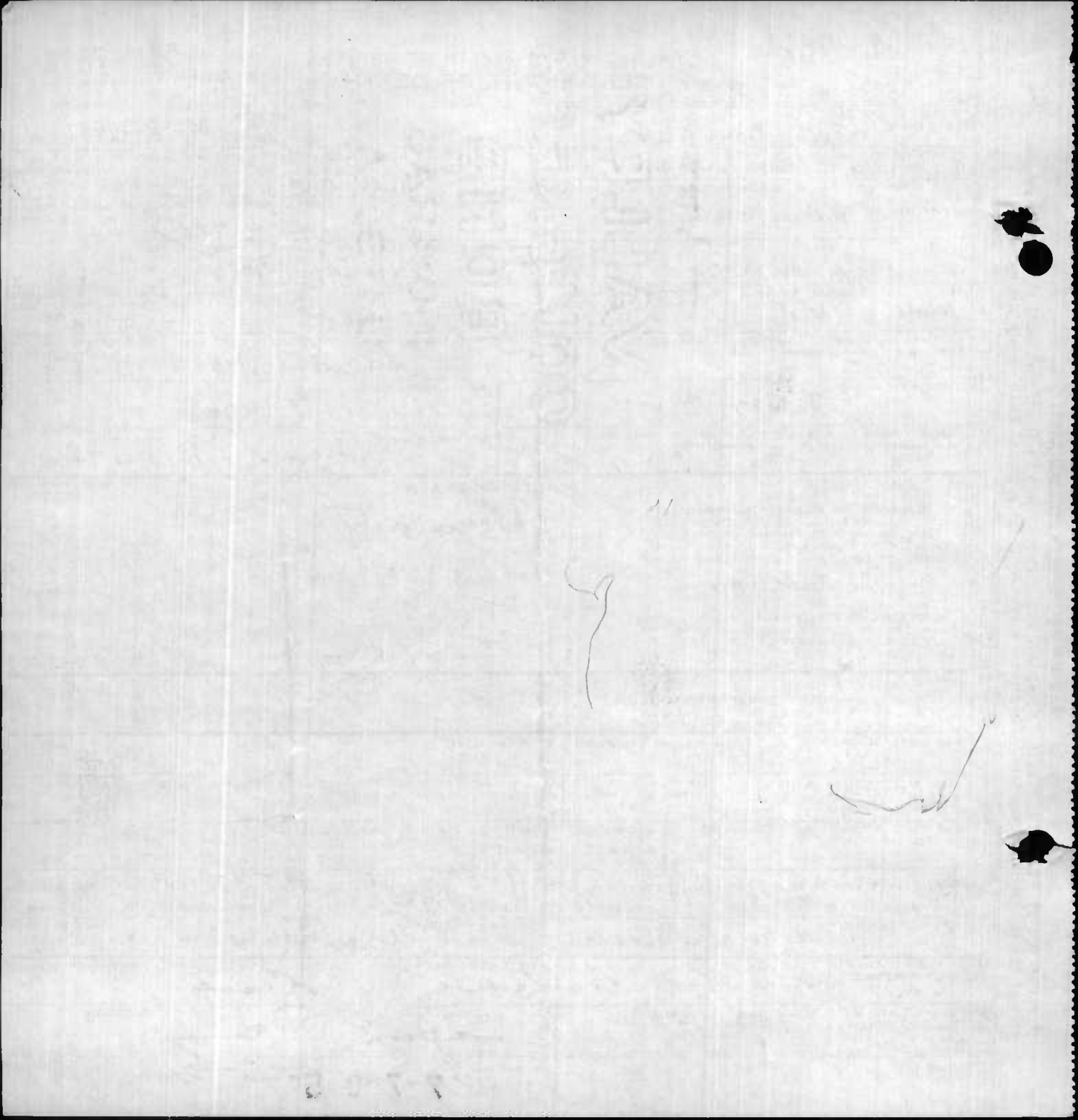
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James L. Bauman

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7812  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARY E BOOKER</b>		2. DATE OF DEATH <b>September 7, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1516 Presstman Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>1516 Presstman Street</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>6-17-1896</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9. AGE (In years last birthday) Months Days <b>55</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Ind.</b>	
13. FATHER'S NAME <b>Frank Dorsey</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>no</b>		14. MOTHER'S MAIDEN NAME <b>Saunders</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>William V. Loyd</b>	
18. <b>4/22/1</b>		ADDRESS <b>Columbia Dorsey - Chestnut St</b>	

18. <b>4/22/1</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<b>Arteriosclerotic cardiovascular disease</b>			
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William V. Loyd</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Sept. 8, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>9/11/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Calvary Cedar Hill Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 10 1951</b>		REGISTRAR'S SIGNATURE <b>William V. Loyd</b>		25. FUNERAL DIRECTOR <b>W. H. Hesteged - 9182</b>	
				ADDRESS <b>Blued Hill ave.</b>	

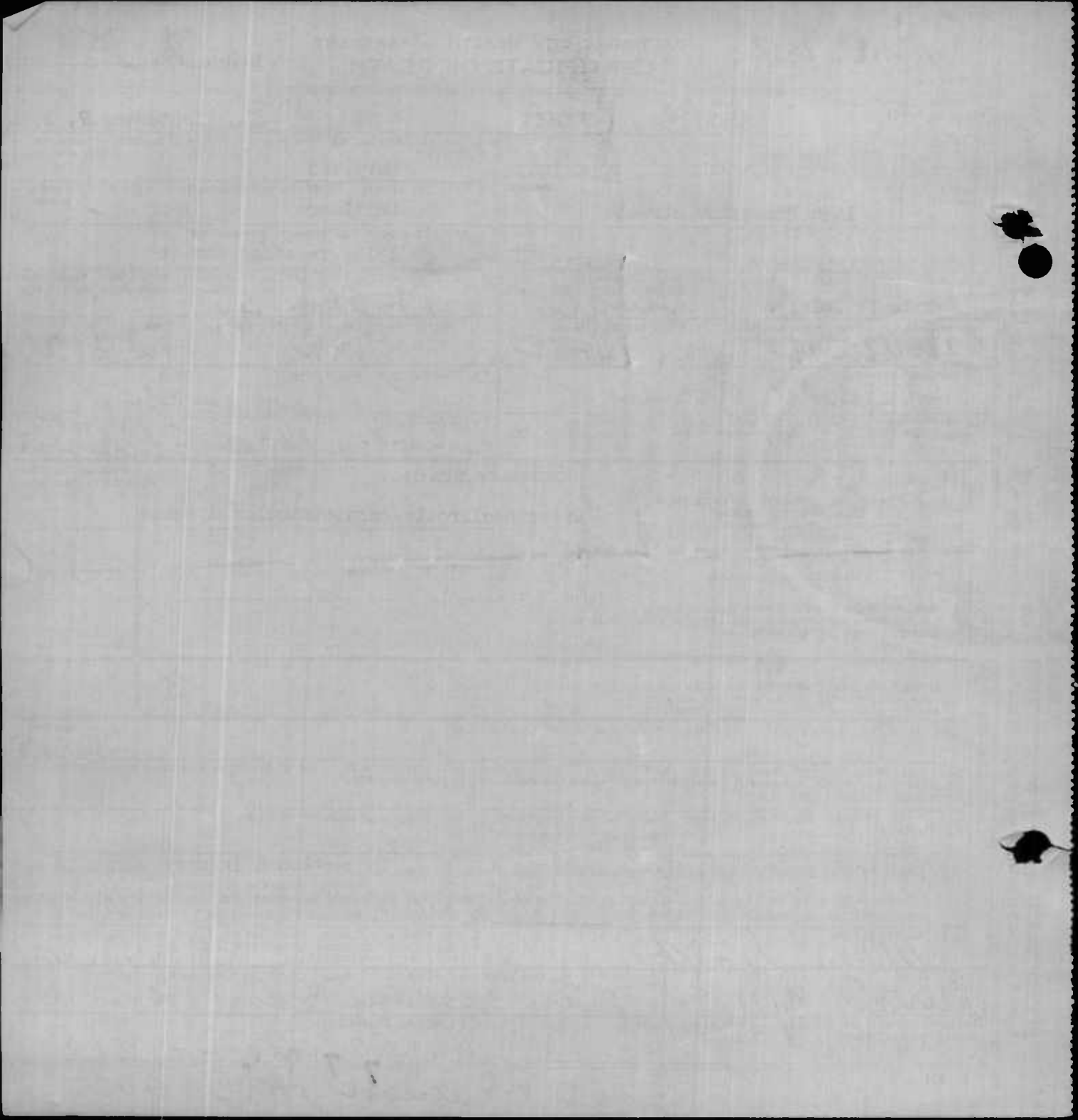
V S 151

5 938

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



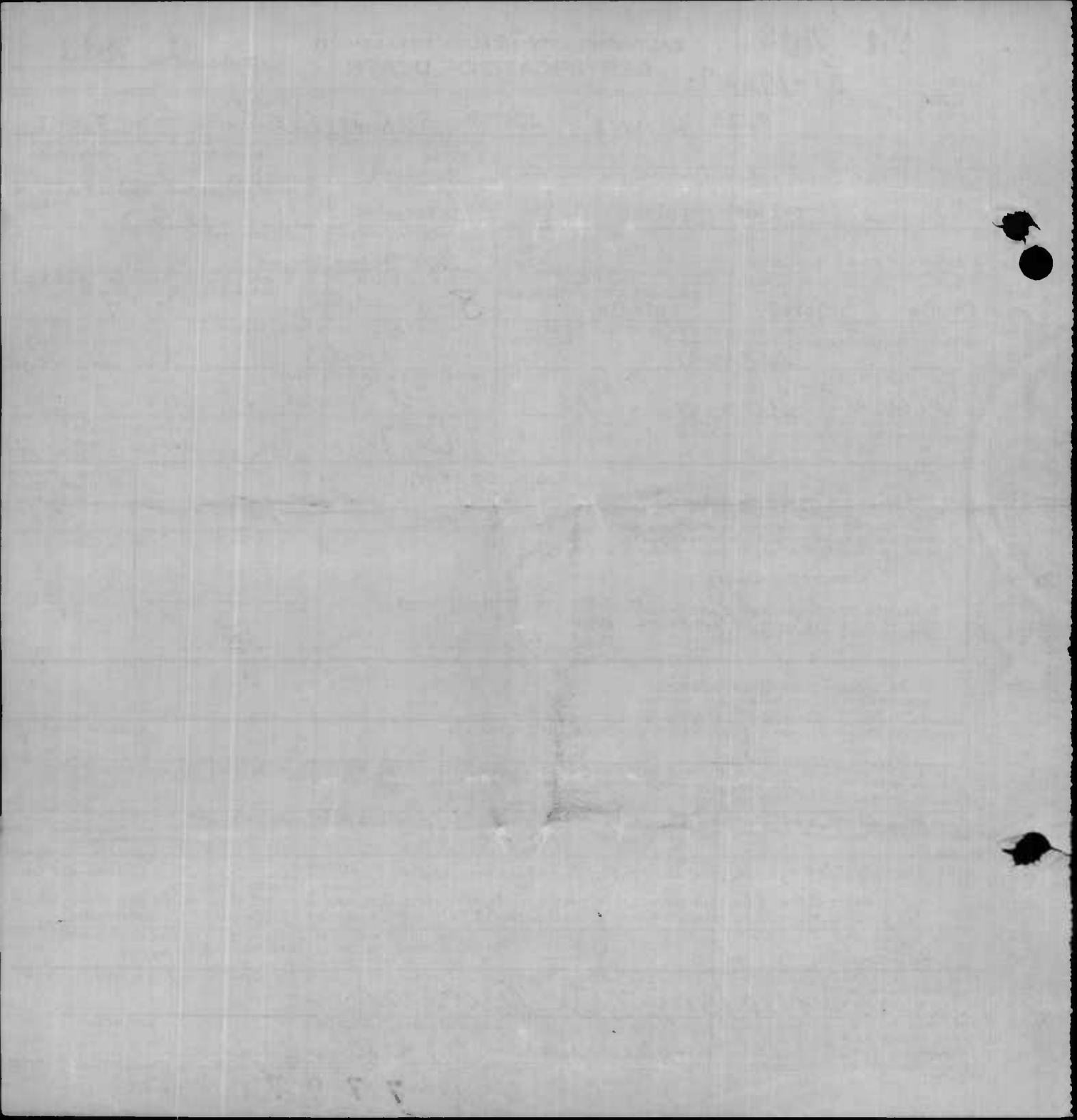


5561 51 7813

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7813

BIRTH NO. 51-17627		2. DATE OF DEATH September 7, 1951	
1. NAME OF DECEASED (Type or Print) VIOLA DIANE JOHNSON SUMMERVILLE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2308 Etting Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 8-1-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 7
13. FATHER'S NAME William E. Summerville		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lily May Riggs	
17. INFORMANT Lily May Summerville		ADDRESS 2308 Etting St.	
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Bronchopneumonia	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley J. Dunnecker M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 8/7/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/10/51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1951		25. FUNERAL DIRECTOR W. Halstead - 918 -	
REGISTRAR'S SIGNATURE		ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7814  
Registered No. \_\_\_\_\_

BIRTH NO. **634 51 7814 50-12287**

1. NAME OF DECEASED (Type or Print) **ANTHONY BRADLEY**

2. DATE OF DEATH **September 4, 1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY \_\_\_\_\_

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **Johns Hopkins Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore** **7-04**

D. STREET ADDRESS (If rural, give location)  
**922 McDonogh Street**

c. Length of stay in Baltimore  
Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **3-?-1954** 9. AGE (In years last birthday) **17** 10. Under 1 Year Months: Days \_\_\_\_\_ 11. Under 24 Hours Hours: Min. \_\_\_\_\_

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant** 10B. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **6/21/Ind.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME  **Rufus H. Bradley** 14. MOTHER'S MAIDEN NAME **Ruth Elizabeth Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. **none** 17. INFORMANT **Ruth E. Brown - McDonogh** ADDRESS \_\_\_\_\_

18. **571.01** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Infantile diarrhea**

(A) \_\_\_\_\_ DUE TO \_\_\_\_\_

ANTECEDENT CAUSES

(B) \_\_\_\_\_ DUE TO \_\_\_\_\_

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **9/10/51** 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK \_\_\_\_\_

21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William O. Smith** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **Sept. 5, 1951**

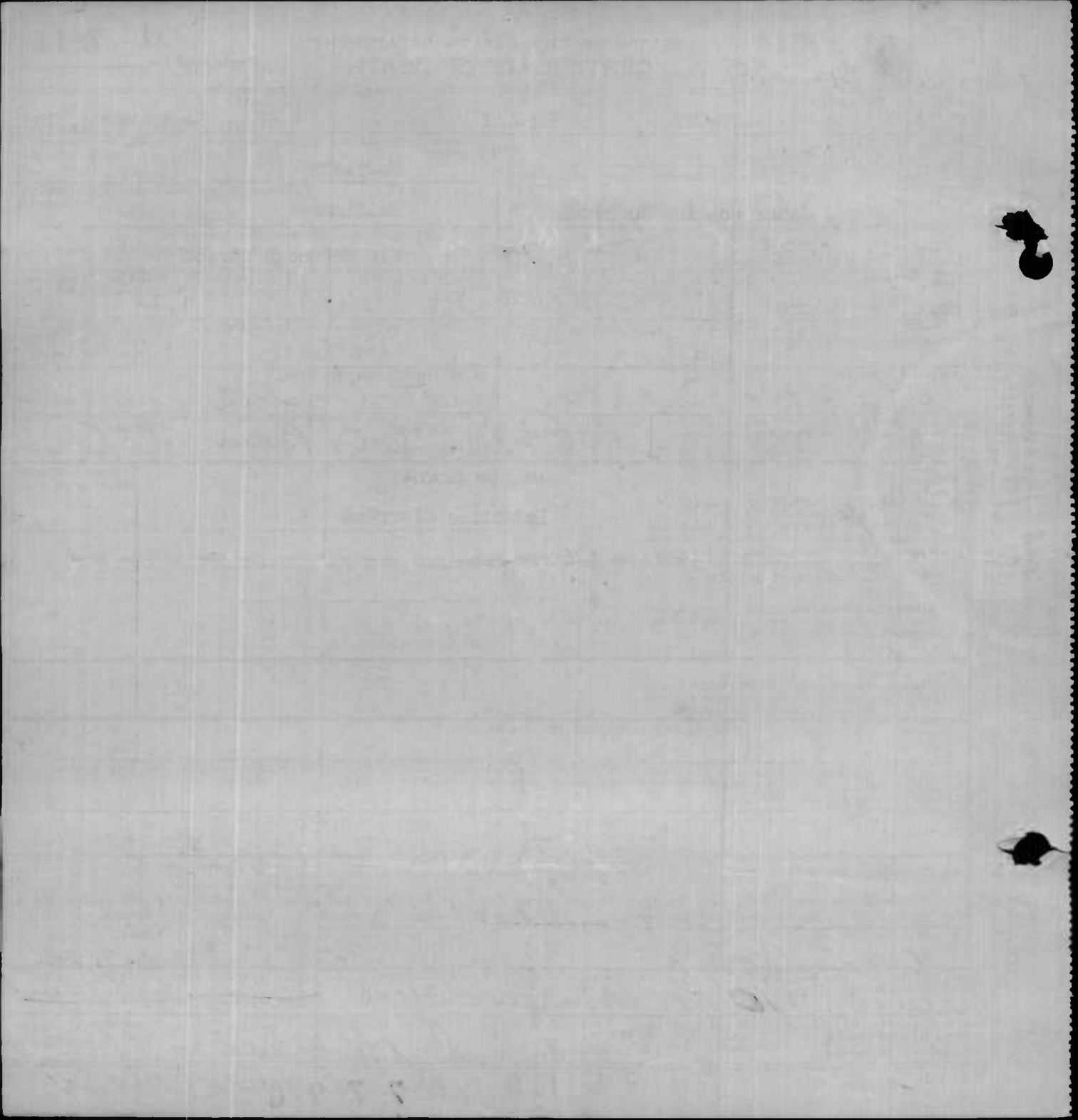
24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **9/10/51** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 10 1951** REGISTRAR'S SIGNATURE **Washington Williams, M.D.** 25. FUNERAL DIRECTOR **D. Helstead - 418** ADDRESS \_\_\_\_\_

V S 151 **1951, 192, 191, 190, 189, 188, 187, 186, 185, 184, 183, 182, 181, 180, 179, 178, 177, 176, 175, 174, 173, 172, 171, 170, 169, 168, 167, 166, 165, 164, 163, 162, 161, 160, 159, 158, 157, 156, 155, 154, 153, 152, 151, 150, 149, 148, 147, 146, 145, 144, 143, 142, 141, 140, 139, 138, 137, 136, 135, 134, 133, 132, 131, 130, 129, 128, 127, 126, 125, 124, 123, 122, 121, 120, 119, 118, 117, 116, 115, 114, 113, 112, 111, 110, 109, 108, 107, 106, 105, 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94, 93, 92, 91, 90, 89, 88, 87, 86, 85, 84, 83, 82, 81, 80, 79, 78, 77, 76, 75, 74, 73, 72, 71, 70, 69, 68, 67, 66, 65, 64, 63, 62, 61, 60, 59, 58, 57, 56, 55, 54, 53, 52, 51, 50, 49, 48, 47, 46, 45, 44, 43, 42, 41, 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30, 29, 28, 27, 26, 25, 24, 23, 22, 21, 20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7815

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN HENRY WRIGHT

2. DATE  
OF  
DEATH

Sept. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

804 W. Lexington St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

3-25-87

9. AGE (in years last birthday)

64

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Susan ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Beerie Wright -

ADDRESS

Ref. st

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of stomach

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?  
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley K. Dunbar

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 6, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/11/51

24C. NAME OF CEMETERY OR CREMATORY

Catho. National Cemetery

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 10 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Halstead

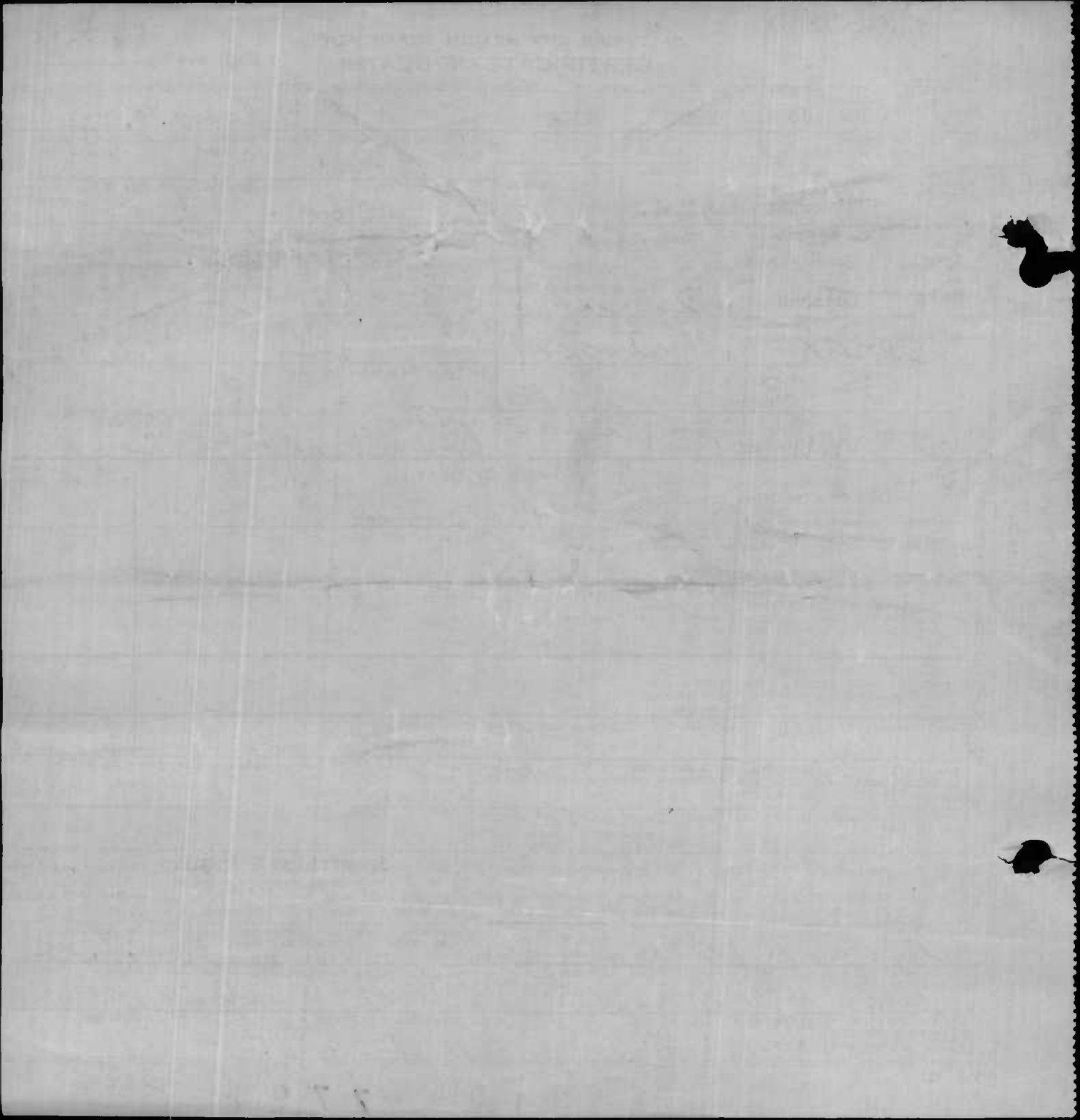
ADDRESS

918-

VS 151

97054 obscured 7466 are.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>IRVIN HERMAN BYER</b>			2. DATE OF DEATH <b>9-9-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>5330 Cuthbert Ave</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-18</b>		
c. Length of stay in Baltimore <b>42</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5330 Cuthbert Ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>4-9</b>		9. AGE (In years last birthday) <b>49</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Linolium</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>
13. FATHER'S NAME <b>Koppel</b>			12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Anna Byer - same</b>

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>none</b>		(B) <b>none</b> (C) <b>none</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b>		

19A. DATE OF OPERATION <b>9-10-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/9</b> , 19 <b>51</b> , to <b>9/9</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9/9</b> , 19 <b>51</b> , and that death occurred at <b>4:29</b> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Benjamin Killes</b>		23B. ADDRESS M. D. <b>1030 Killes Ave</b>		23C. DATE SIGNED <b>9/10/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>9-10-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Philadelphia Pa</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 10 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Jack Lewis</b>	

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94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Miller  
2030 Millers Ave  
Su 4306  
3408 Lynchester Rd  
Mo 4978

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

CATHERINE MARY ROSS

2. DATE  
OF  
DEATH

9-7-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1814 Jackson St.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN:

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1814 JACKSON ST.

c. Length of stay in Baltimore

62 Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-24-1889

9. AGE (In years  
last birthday)

62

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR  
INDUSTRY

RESTAURANTS

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM KUMIERLE

14. MOTHER'S MAIDEN NAME

EMMA BARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

213-28-7789

17. INFORMANT

ADDRESS

ANNA T. MARRINO 1814 JACKSON ST.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7 1951, to Sept 7 51, that I last saw the  
deceased alive on May 7, 1951, and that death occurred at 8 30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. Stevens

23B. ADDRESS

2878 Harford Rd

23C. DATE SIGNED

9-9-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-11-51

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN MEMORIAL

24D. LOCATION (City, town, or county)

Pitche Hgw.

(State)

M.D.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Winston Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

CHARLES W. KACHAVSKAS 703 McHENRY ST



520 51 7818

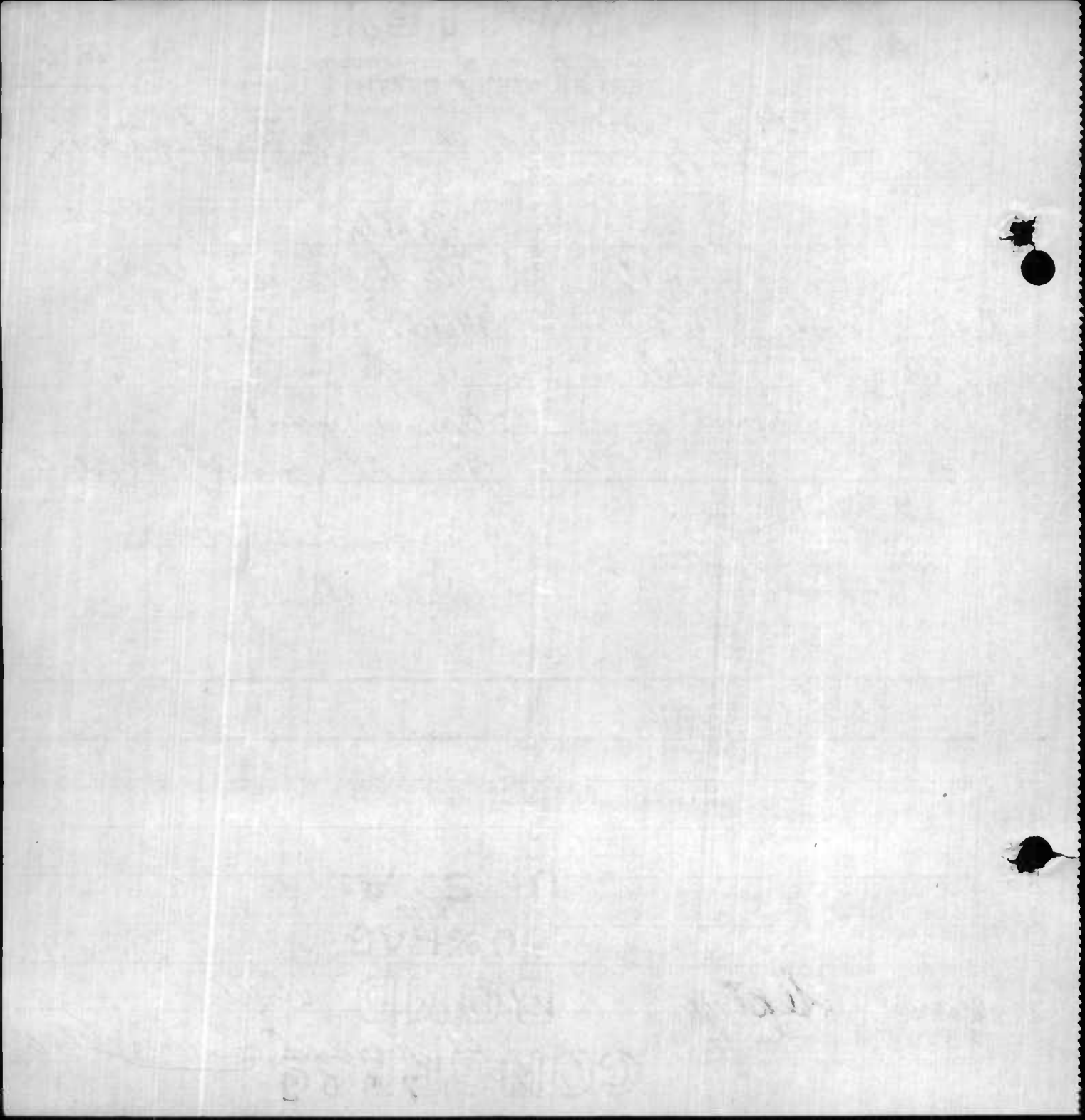
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7818

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>George W. Thomas</i>		2. DATE OF DEATH <i>Sept 8, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>500 E. Clement St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md</i>		B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		<i>24-02</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>500 E. Clement St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	B. DATE OF BIRTH <i>March 23, 1869</i>	9. AGE (in years last birthday) <i>82</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mill hand</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bethlehem Steel</i>		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Richard Thomas</i>		14. MOTHER'S MAIDEN NAME <i>Emma Brandt</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT ADDRESS <i>George W. Thomas 500 E. Randall St</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Coronary thrombosis</i> DUE TO (B) <i>arteriosclerosis</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 19 <i>49</i> to <i>Sept.</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Aug.</i> , 19 <i>51</i> , and that death occurred at <i>2:15 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. M. Grath</i>		23B. ADDRESS <i>1 E. Randall St</i>		23C. DATE SIGNED <i>9/10/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 11, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Nordlaun</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 10 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>G. J. Hall &amp; Son</i>		24H. ADDRESS <i>1400 S. Baltimore</i>			





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph O. Stuck

2. DATE  
OF  
DEATH

Sept 8 1951

3. PLACE OF DEATH  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MdB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5221 York Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto 27-10D. STREET ADDRESS (If rural, give location)  
5221 York Rd

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/18/1883

9. AGE (in years  
last birthday)

68

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Country Attendant

10B. KIND OF BUSINESS OR INDUSTRY

Westminster Industry Phila. Pa.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Stuck

14. MOTHER'S MAIDEN NAME

Sallie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Vernon Stuck 2315 N. Charles St.

18. E976 X1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Gunshot Wound of Head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
Home21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

5221 York Road

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9/8/51

P. m.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. V. V.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

M.D.

23C. DATE SIGNED

Sept 9 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/12/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town or county)

Parkville Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. V.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook 2500 N. Paul St.

VS 151

N-853.4 1 593094

164c



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Loney F. Austin*2. DATE  
OF  
DEATH*Sept 8/1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

*Md*

B. COUNTY

*Balto*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

*St. Agnes Hospital*

C. CITY OR TOWN

*Rural*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days*Box 63 York Road - Towson #4*

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*6/14/1887*

9. AGE (in years last birthday)

*64*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Retired Operator*

10B. KIND OF BUSINESS OR INDUSTRY

*Balto. Transit Co.*

11. BIRTHPLACE (State or foreign country)

*Md.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Isaac F. Austin*

14. MOTHER'S MAIDEN NAME

*Annie Reed*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

*216-03-6390*

17. INFORMANT

ADDRESS

*Horace A. Austin Box 63 Towson Md.*18. *443 X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertensive Cardiovascular*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Disease*

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

*William H. Smith*

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

*Sept 9 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9/12/51*

24C. NAME OF CEMETERY OR CREMATORY

*Prophet Hill*

24D. LOCATION (City, town, or county)

*Towson Md*

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 10 1951*

REGISTRAR'S SIGNATURE

*William H. Smith*

25. FUNERAL DIRECTOR

ADDRESS

*Wm. H. Smith Inc. 1217 St. Paul St.*

VS 151

5 462 510 7 8 0 4

937



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7821  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Kattie Whitworth*

2. DATE  
OF  
DEATH

*Sept. 8, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md.*

B. FULL NAME OF HOSPITAL OR INSTITUTION

*Franklin Square Hospital (DOA)*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Balto*

*20-04*

D. STREET ADDRESS (If rural, give location)

*319 S. Franklinton Rd.*

C. Length of stay in Baltimore

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,

*WIDOWED, DIVORCED (Specify)*

*MARRIED*

8. DATE OF BIRTH

*2/2/1893*

9. AGE (In years last birthday)

*58*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*Own Home*

11. BIRTHPLACE (State or foreign country)

*Carroll Co. Md.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Mack Yingling*

14. MOTHER'S MAIDEN NAME

*Martha Ward*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

*Thos. E. Whitworth (Franklinton Rd)*

18. *260X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Coronary Disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Hypertensive Cardiovascular Disease*  
*Diabetes Mellitus*

(C)

INTERVAL BETWEEN ONSET AND DEATH

*2 yrs.*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*Wm. H. Rammer, Jr.*

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☐

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

*Sept. 8, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9/11/51*

24C. NAME OF CEMETERY OR CREMATORY

*Landon Park*

24D. LOCATION (City, town, or county)

*Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 10 1951*

REGISTRAR'S SIGNATURE

*Wm. H. Rammer, Jr.*

25. FUNERAL DIRECTOR

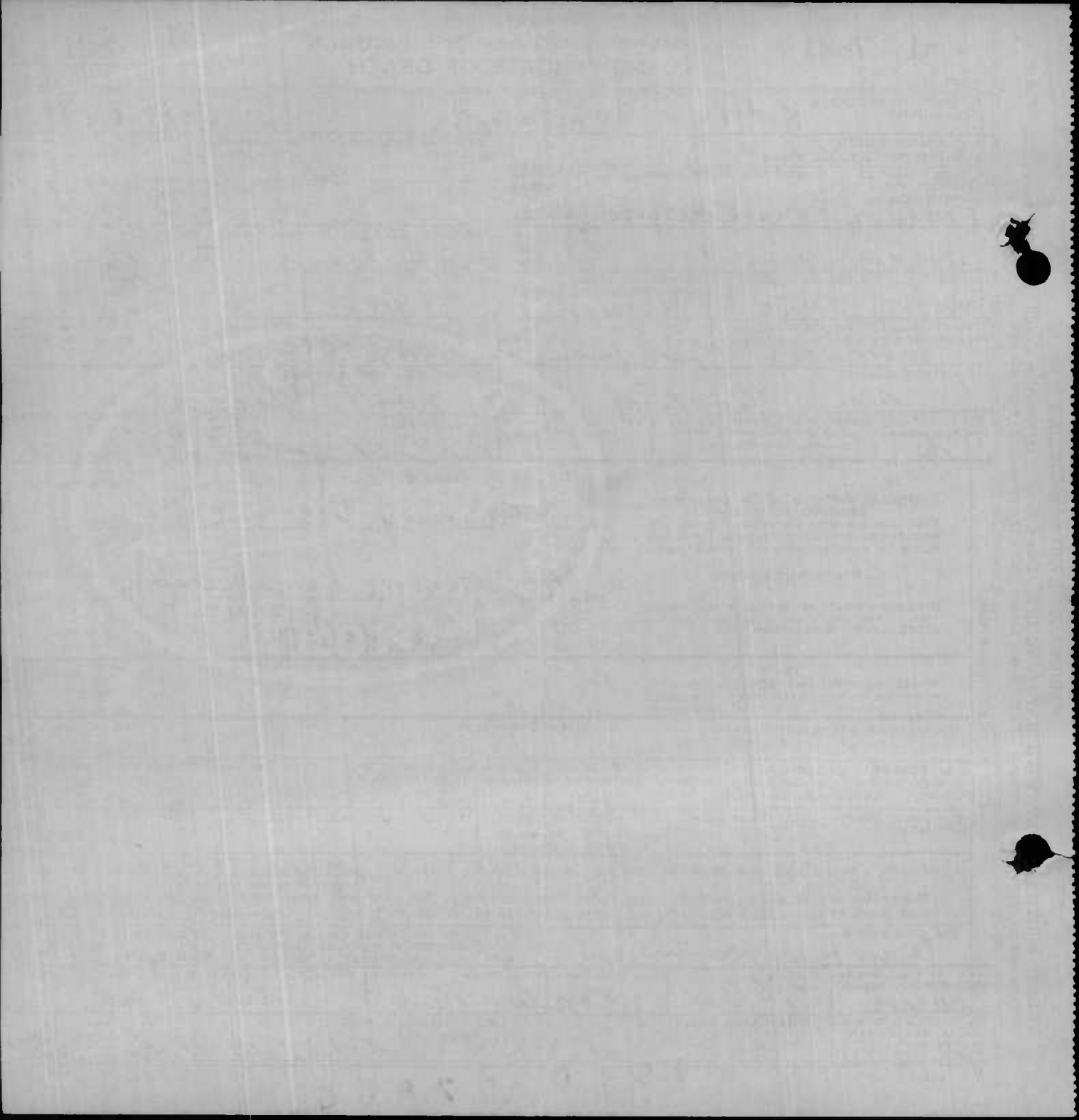
*Wm. Cook Inc. 1217 St. Paul St.*

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7822

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SOPHIA M. SPIOCH.

2. DATE  
OF  
DEATH

SEPT. 9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3546 HORTON AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

3546 HORTON AVE. 25-04

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEM.

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

APRIL-19-1887

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR  
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

GERMANY.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

VINCENT. JARASEWICZ

14. MOTHER'S MAIDEN NAME

NOT KNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

FRANK C SPIOCH 3554 HORTON AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio-sclerotic - Hypertensive

DUE TO On V. Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

SEPT. 13-1951

HOLY CROSS CEM.

A. A. Co.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

Benedict G. Harle

Benedict G. Harle 121 E WEST ST

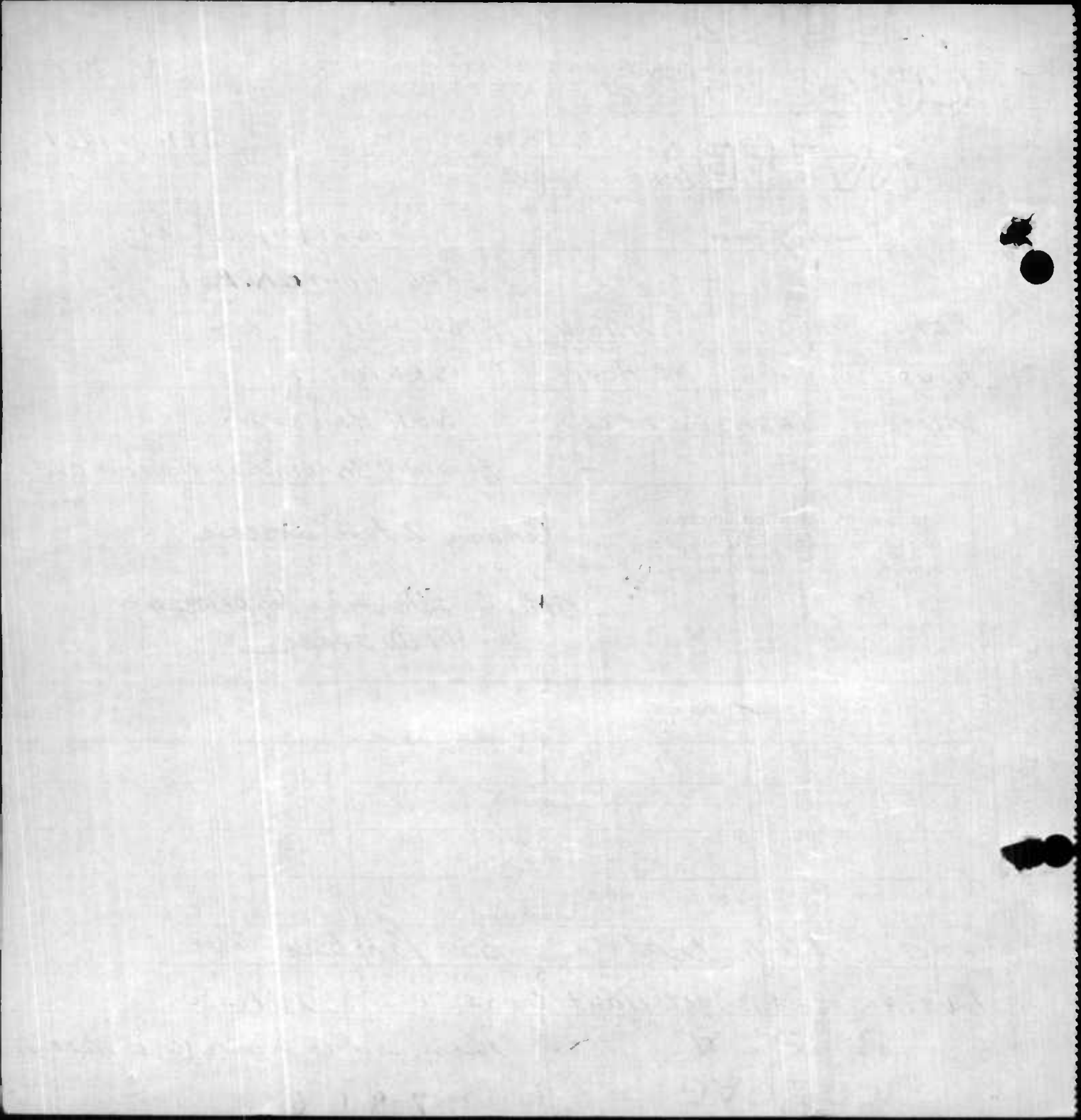
VS 150

12510007806

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

GILSON H. METCALFE

2. DATE  
OF  
DEATH

SEPT. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3118 HARFORD RD. #18

c. Length of stay in Baltimore

74

MOS.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 13, 1877

9. AGE (In years

last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

OPTICIAN

10B. KIND OF BUSINESS OR INDUSTRY

OPTICIAN

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME ?

Gilson W. Metcalfe

14. MOTHER'S MAIDEN NAME ?

Saylee Colby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service)

XXXXXX

no

16. SOCIAL SECURITY NO. ?

none

17. INFORMANT

ADDRESS

ANNA C. METCALFE

3118 HARFORD RD.

18. 260X and 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARD-VASC. DISEASE

DUE TO

ANTECEDENT CAUSES

(B) DIABETES MELLITUS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CARCINOMA OF PROSTATE

19A. DATE OF OPERATION

Aug. 10, 1951

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF PROSTATE

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 1, 1951, to SEPT. 8, 1951 (that I last saw the deceased alive on SEPT. 8, 1951, and that death occurred at 7:44 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ernest A. Littlejohn

M.O.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

Sept. 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9/11/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 10 1951

REGISTRAR'S SIGNATURE

Lutheran Hospital

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

ADDRESS

BALTO., 13, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

462 51 7824  
BIRTH NO. 51-20490

51 7824

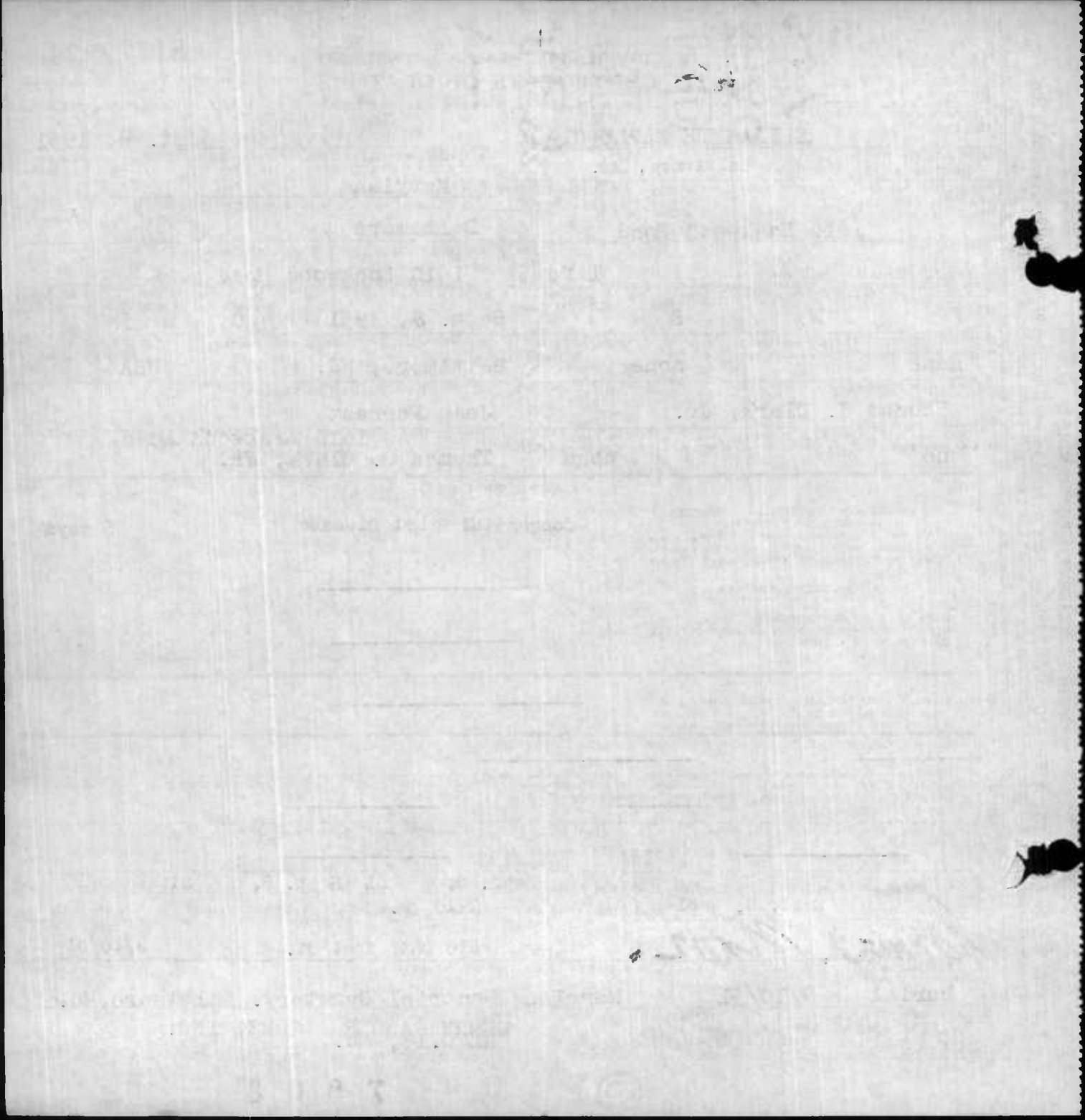
1. NAME OF DECEASED (Type or Print) <b>ELIZABETH EARLE CLARK</b>			2. DATE OF DEATH <b>Sept. 8, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland Baltimore, Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1610 Lockwood Road</b>			C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>1 life</b>			D. STREET ADDRESS (If rural, give location) <b>1610 Lockwood Road</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>Sept. 5, 1951</b>		9. AGE (In years, last birthday) <b>0</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Thomas S. Clark, Jr.</b>			14. MOTHER'S MAIDEN NAME <b>Jean Forrest</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>1610 Lockwood Road</b> <b>Thomas S. Clark, Jr.</b>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>754.41</b> <b>Congenital Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNOER- LING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 8, 1951</b> , to <b>Sept. 8, 1951</b> , that I last saw the deceased alive on <b>Sept. 8, 1951</b> and that death occurred at <b>10 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Henry S. Sander</b>		23B. ADDRESS <b>516 Cathedral St.</b>		23C. DATE SIGNED <b>9/10/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>9/10/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Memorial Cemetery, Baltimore, Md.</b>	
OATE RECEIVED BY LOCAL REGISTRAR <b>SEP 10 1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b> <b>BALTO. 13, Md.</b>	

VS 150

15510007800

157E





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7825

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES, F. MEISEL

2. DATE  
OF  
DEATH

SEPT 9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1137 SCOTT ST

4. USUAL RESIDENCE (Where deceased lived, If institution; residence  
A. STATE B. COUNTY before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE MD 21-01

D. STREET ADDRESS (If rural, give location)

1137 SCOTT ST

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

LIFETIME.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of work log life, even if retired)

FURNITURE FINESHER

10B. KIND OF BUSINESS OR  
INDUSTRY

FALCON+HELEN

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF  
WHAT COUNTRY?

U S

13. FATHER'S NAME

THOMAS MEISEL

14. MOTHER'S MAIDEN NAME

ANNIE KOENIG

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

215 07-0989

17. INFORMANT

ADDRESS

CATHERINE MEISEL-1137 SCOTT ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

2 yrs.

DUE TO

arterial wall

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary Artery Disease

2 yrs.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1944, to 9-9, 1951, that I last saw the  
deceased alive on 9-9, 1951, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unke, Jr.

M. D.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

9-10-51

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

BURIAL

24B. DATE

SEPT.-12-51

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEMER

24D. LOCATION (City, town, or county)

BALTO MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

Bernard G. Harbo

121 E West St

VS 150

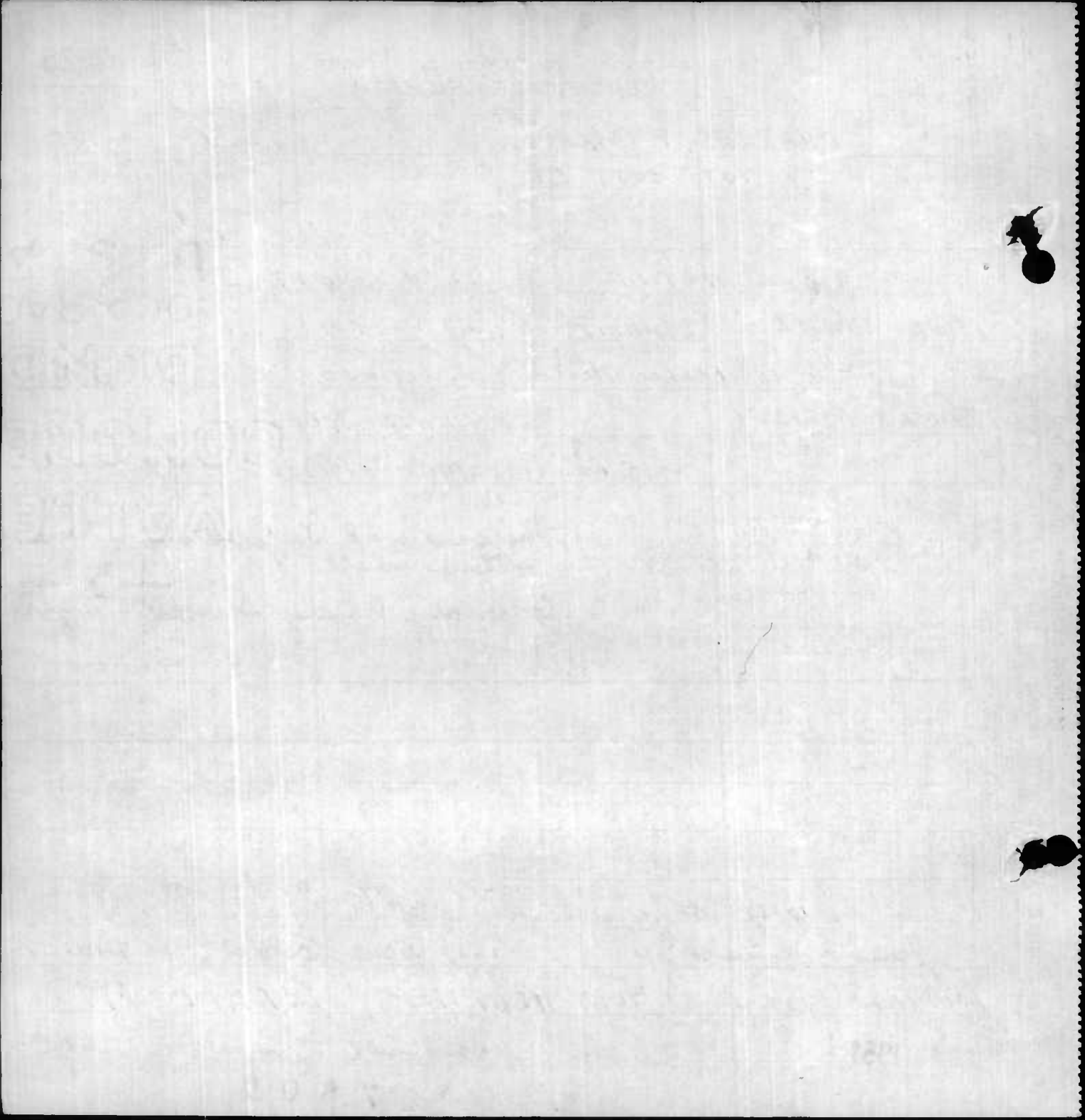
67938 007802

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN CERTIFICATION FOR BINDING



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7826

550  
MD-151902

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>N. Ruth Semone ( Ruth N. Semone )</b>			2. DATE OF DEATH <b>Sept. 6, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>6302 Cardiff Rd. (24)</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 20, 1892</b>	9. AGE (In years last birthday) <b>59</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales lady</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Green Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Charles Davis</b>			14. MOTHER'S MAIDEN NAME <b>Martha Dennis (Martha Denne)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary thrombosis with myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>9-6</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-3</b> , 1951 to <b>9-6</b> , 1951, that I last saw the deceased alive on <b>9-6</b> , 1951, and that death occurred at <b>4:50 p. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>P. S. Wogan</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>9-6-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 10/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Western Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baltimore Maryland</b>		25. FUNERAL DIRECTOR <b>F. B. Wippert &amp; Son</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 10 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>		ADDRESS <b>F. B. Wippert &amp; Son 1300 Eutaw Pl. 17</b>	

UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 7827

BIRTH NO. 51 7827

1. NAME OF DECEASED (Type or Print) <b>Mary M. Angel</b>		2. DATE OF DEATH <b>Sept. 9/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2116 Wilkens Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>22 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>2116 Wilkens Ave.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 17, 1899</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H. W.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (In years last birthday) <b>51</b>
11. BIRTHPLACE (State or foreign country) <b>W. Va.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John W. Devine</b>		14. MOTHER'S MAIDEN NAME <b>Prudence Moore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>John S. Angel, 2116 Wilkens Ave.</b>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>174x I Carcinoma, uterine, with widespread metastases</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 mos.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>malnutrition</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>2 mos.</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>51</b> , to <b>Sept</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8 Sept</b> , 19 <b>51</b> and that death occurred at <b>10:30 PM</b> from the causes and on the date stated above.				
23A. SIGNATURE <b>H. Bayless</b>		23B. ADDRESS <b>1600 Wilkens Ave</b>		23C. DATE SIGNED <b>10 Sept 51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 12/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 10 1951</b>	REGISTRAR'S SIGNATURE <b>Harry H. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Harry H. Williams</b>		ADDRESS <b>4101 Edmondson Ave.</b>

VS 150

48B



Martha Todd Taylor

4th

49

2

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7828  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Taylor, Nellie Mae

2. DATE  
OF  
DEATH

September 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

(If outside corporate limits, write RURAL and give township)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4208 Raspe Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 4, 1891

9. AGE (In years last birthday)

60

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wife.

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm W Baker

14. MOTHER'S MAIDEN NAME

Mary Norwood.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mr. Hiram J. Taylor, 4208 Raspe Ave.

18. 443 x 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus; Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 8, 1951, to September 9, 1951, that I last saw the deceased alive on Sept. 9, 1951, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Sept. 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/12/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Baltimore

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

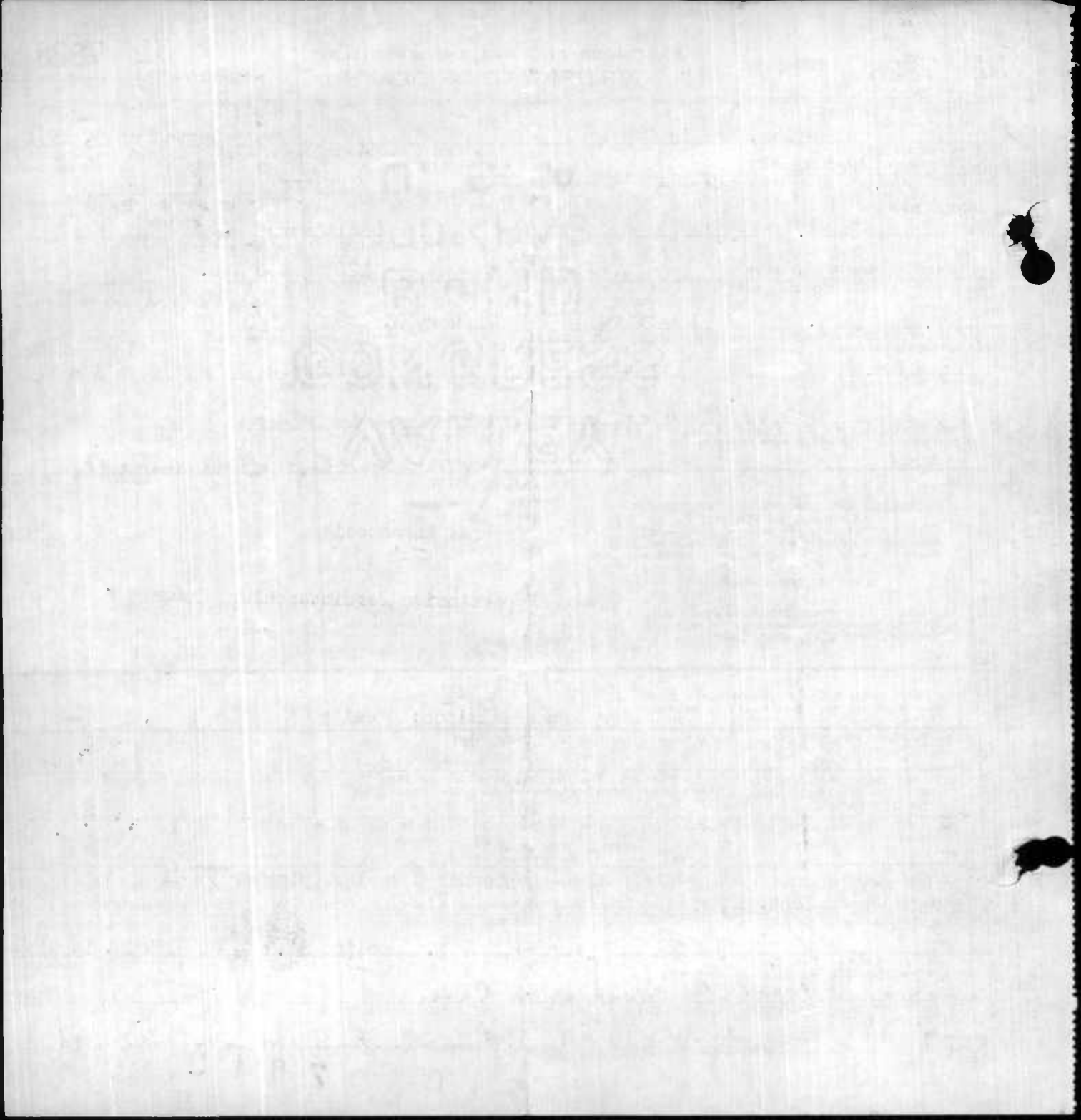
Lassalam Funeral Home 7401 Belair Rd.

VS 150

19510007812 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7829

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

David Henry Hickman

2. DATE OF DEATH Sept. 8, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

512 Denison St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland  
B. COUNTY none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

512 Denison St.

c. Length of stay in Baltimore

life Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 31, 1898

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Clerk

10B. KIND OF BUSINESS OR INDUSTRY  
Corkran-Hill Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?  
U. S.

13. FATHER'S NAME

Ernest Ewertowski

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Nola S. Hickman 512 Denison St.

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial infarction Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease 5 years

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1947 to Sept 8, 1951, that I last saw the deceased alive on Sept 8, 1951, and that death occurred at 3:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Gane

M. O.

23B. ADDRESS

1 Mallow Hill Road

23C. DATE SIGNED

8 - 10 - 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

8 - 11 - 51

24C. NAME OF CEMETERY OR CREMATORY

Springhill

24D. LOCATION (City, town, or county)

Easton, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons Inc. - 1200 Eutaw Place

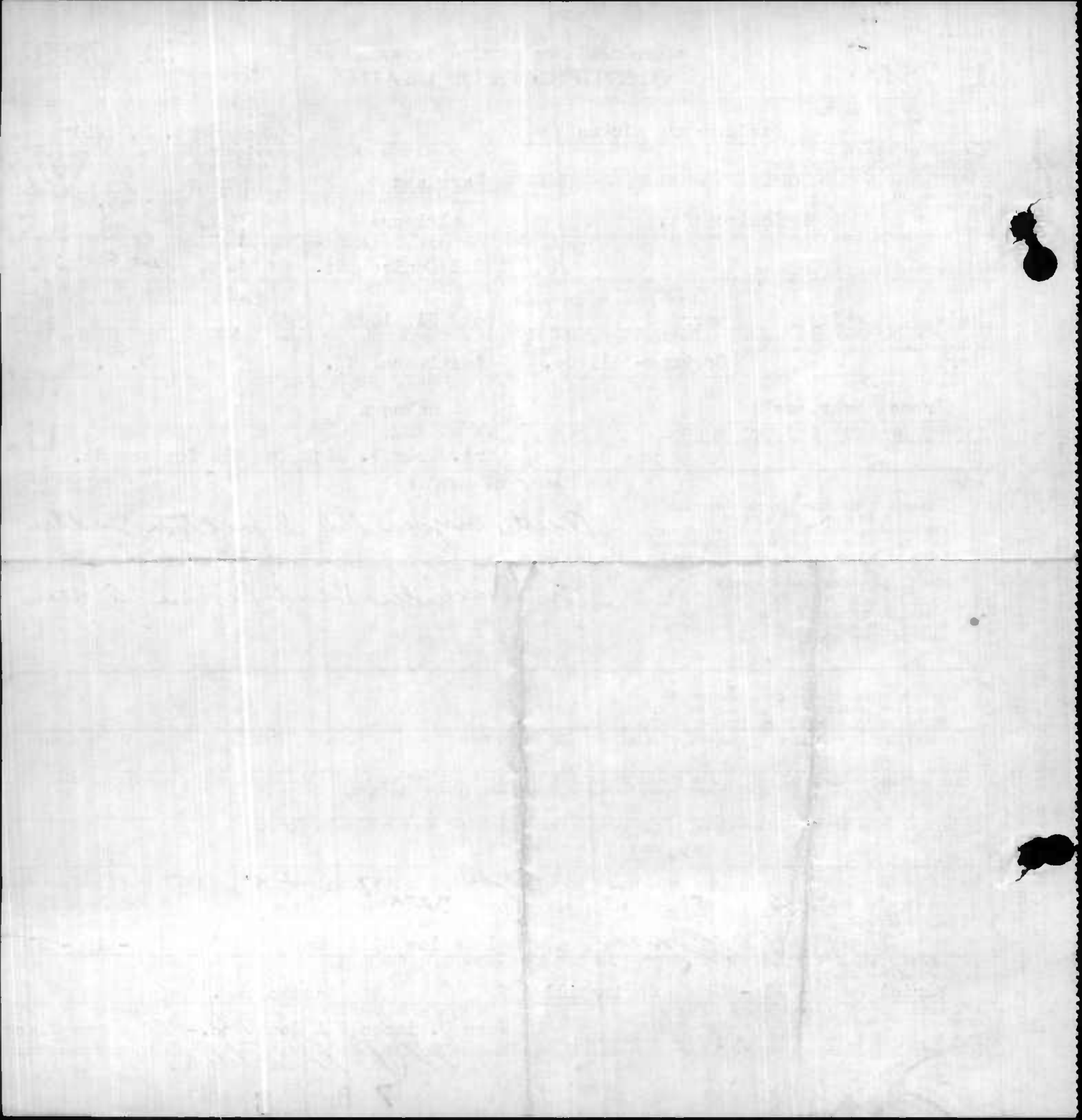
ADDRESS

SEP 10 1951

VS 150

350400007813

937



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7830

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Julia P. Baylor

2. DATE  
OF  
DEATH

Sept. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Homewood Apts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

none

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Homewood Apts., Charles &amp; 31st Sts.

c. Length of stay in Baltimore

10 Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 14, 1870

9. AGE (In years  
last birthday)

81

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Albany, Ind.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

James Phillips

14. MOTHER'S MAIDEN NAME

Elizabeth Venable

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Dr. W.H. Baylor Homewood Apts.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) myocardial failure  
DUE TOImmediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Generalized arteriosclerosis  
DUE TOIndefinite

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Kidney stone & Chronic Infection11 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from June, 1940, to Sept 8, 1951, that I last saw the  
deceased alive on Sept 8, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Antwanne M Beck

M. D.

23B. ADDRESS

St. Paul &amp; 23rd Sts.

23C. DATE SIGNED

8 - 10 - 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

8 - 11 - 51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

John O. Mitchell & Sons, Inc.

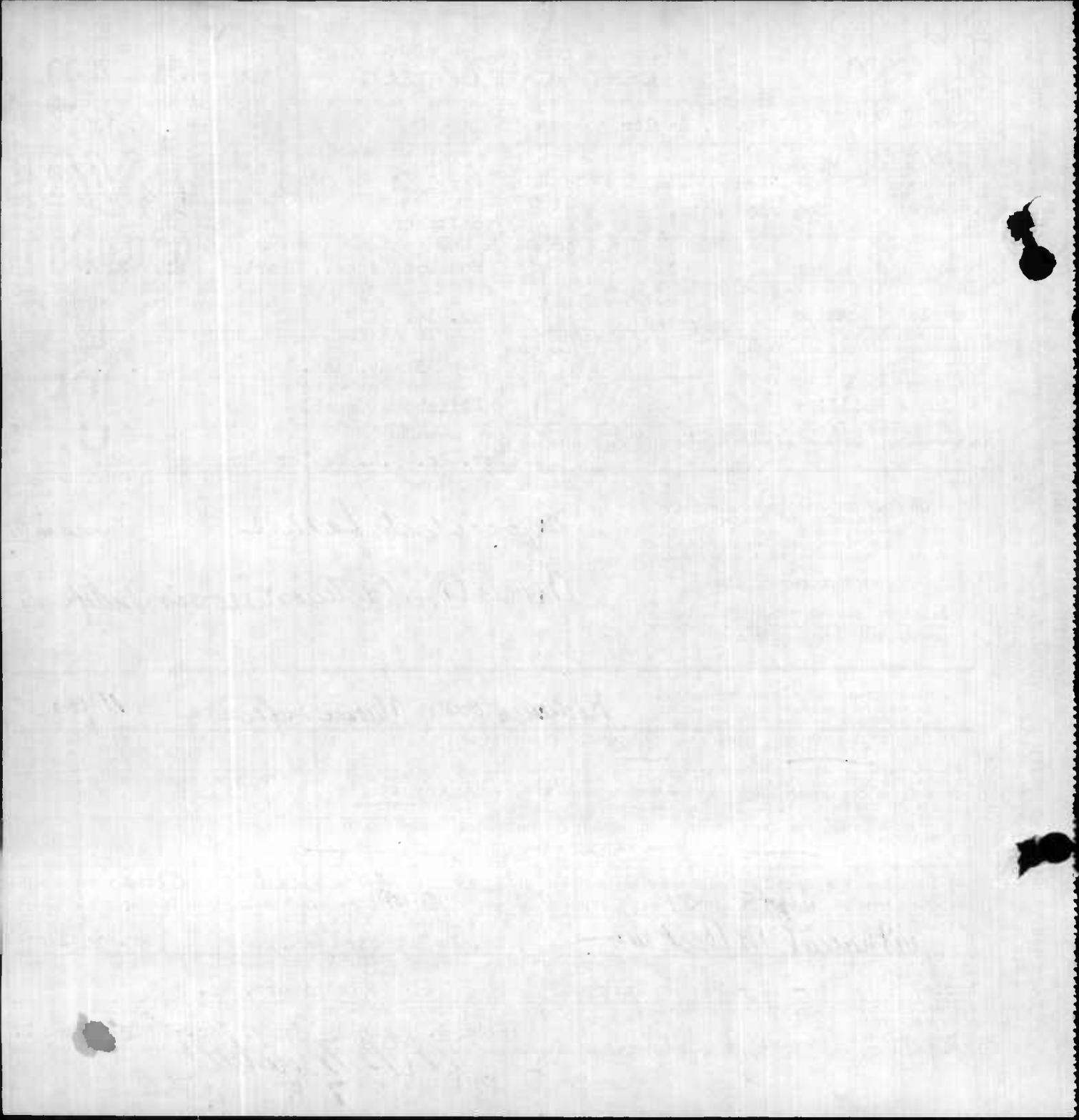
John O. Mitchell &amp; Sons, Inc. 1900 Eutaw Pl.

VS 150

19510007814

134a





F 465  
51 7831  
CERTIFICATE CORRECTED 9-27-51

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

51 7831  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FLOURNOY (Parke P. Flournoy, Jr.)</b>			2. DATE OF DEATH <b>Sept. 8th</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Church Home</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>14-01</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home + Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>42 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>1417 John St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 21, 1873</b>	9. AGE (in years, last birthday) <b>78</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Architect</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>	
13. FATHER'S NAME <b>Flournoy Mr. Parke</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
14. MOTHER'S MAIDEN NAME <b>Mary + Miriam Moore Smith</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		
16. SOCIAL SECURITY NO. <b>No</b>			17. INFORMANT <b>Mr. Jane Flournoy</b>		
18. <b>493X I</b>			ADDRESS <b>1417 John St.</b>		

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Pneumonia**  
DUE TO**7 days**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Senility**  
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 5, 1951</b> , to <b>Sept 8, 1951</b> , that I last saw the deceased alive on <b>Sept 8, 1951</b> , and that death occurred at <b>1:25 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>R. E. Fullilove</b>		23B. ADDRESS <b>Church Home + Hosp.</b>		23C. DATE SIGNED <b>9-9-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8 - 11 - 51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 10 1951</b>		24F. REGISTRAR'S SIGNATURE <b>William M. Mitchell</b>	
25. FUNERAL DIRECTOR <b>John O. Mitchell &amp; Sons, Inc.</b>		25A. ADDRESS <b>1900 Eutaw Pl.</b>		25B. SIGNATURE <b>M B Mitchell</b>	

VS 150

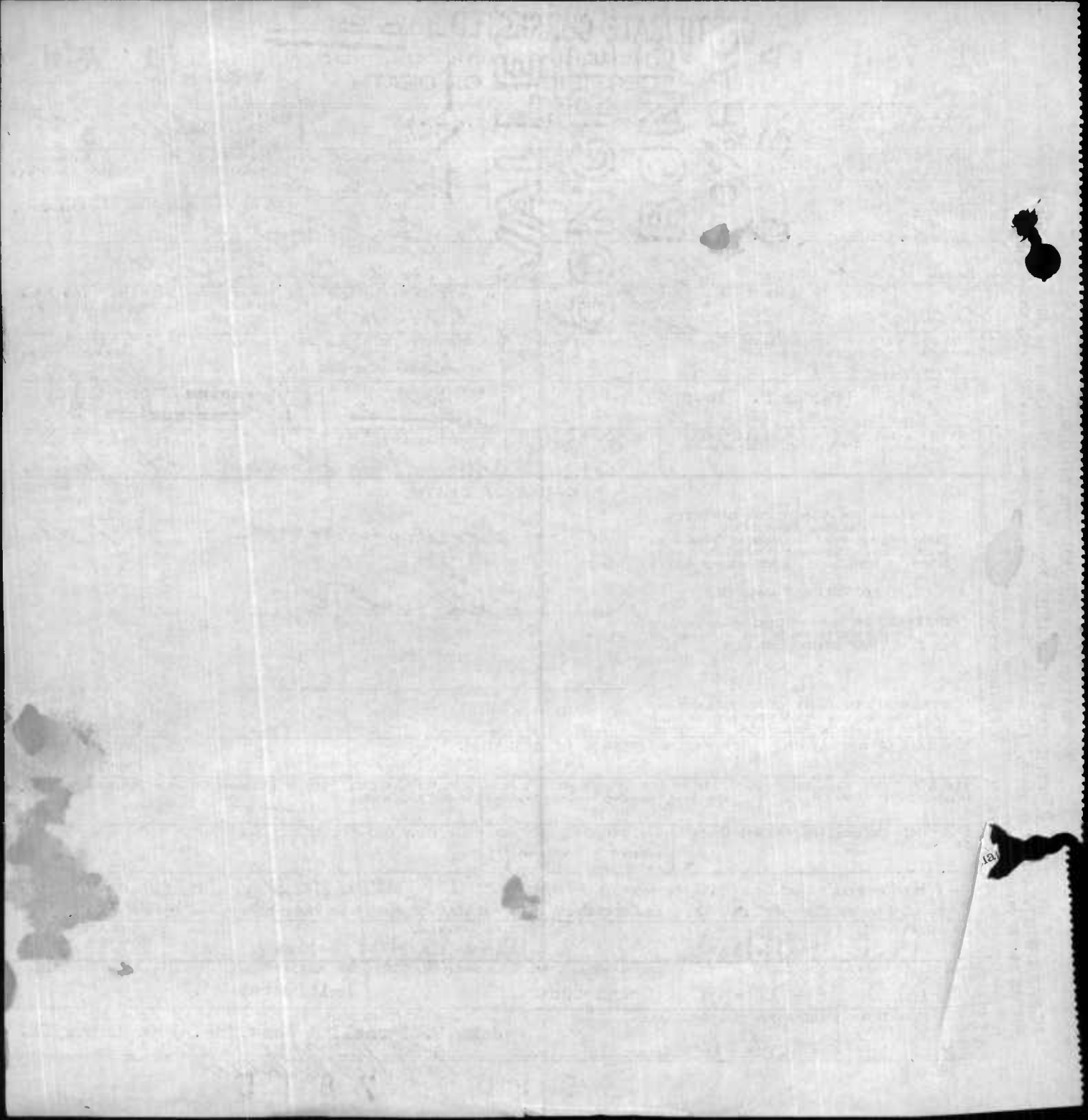
19510007815

109B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7832  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Hattie Meyer*

2. DATE  
OF  
DEATH

*Sept. 8, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Balto. City*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

*Md.*

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

*4101 Pennington Ave.*

C. CITY OR TOWN

*Balto. City*

(If outside corporate limits, write RURAL and give township)

*25-05*

D. STREET ADDRESS (If rural, give location)

*4101 Pennington Ave.*

c. Length of stay in Baltimore

*61 yrs*

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widowed*

8. DATE OF BIRTH

*Feb. 4*

9. AGE (In years last birthday)

*75*

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*at home*

10B. KIND OF BUSINESS OR INDUSTRY

*-*

11. BIRTHPLACE (State or foreign country)

*Germany*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*?*

14. MOTHER'S MAIDEN NAME

*Otelia Huedtke*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Margaret R. Cain 4101 Pennington*

18.

*420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Crown thrombosis*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
*48 hr.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Anticoagulant C. V. drug*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 7, 1951*, to *Sept 8, 1951*, that I last saw the deceased alive on *Sept 7, 1951*, and that death occurred at *11 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Henry R. Gehlert*

M. D.

23B. ADDRESS

*4700 Pennington Ave.*

23C. DATE SIGNED

*Sept. 10, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9-11-1951*

24C. NAME OF CEMETERY OR CREMATORY

*Cedar Hill*

24D. LOCATION (City, town, or county)

*A. A. Co. Md.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 10 1951*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Hymen & Fleming 1426 Light St.*

ADDRESS

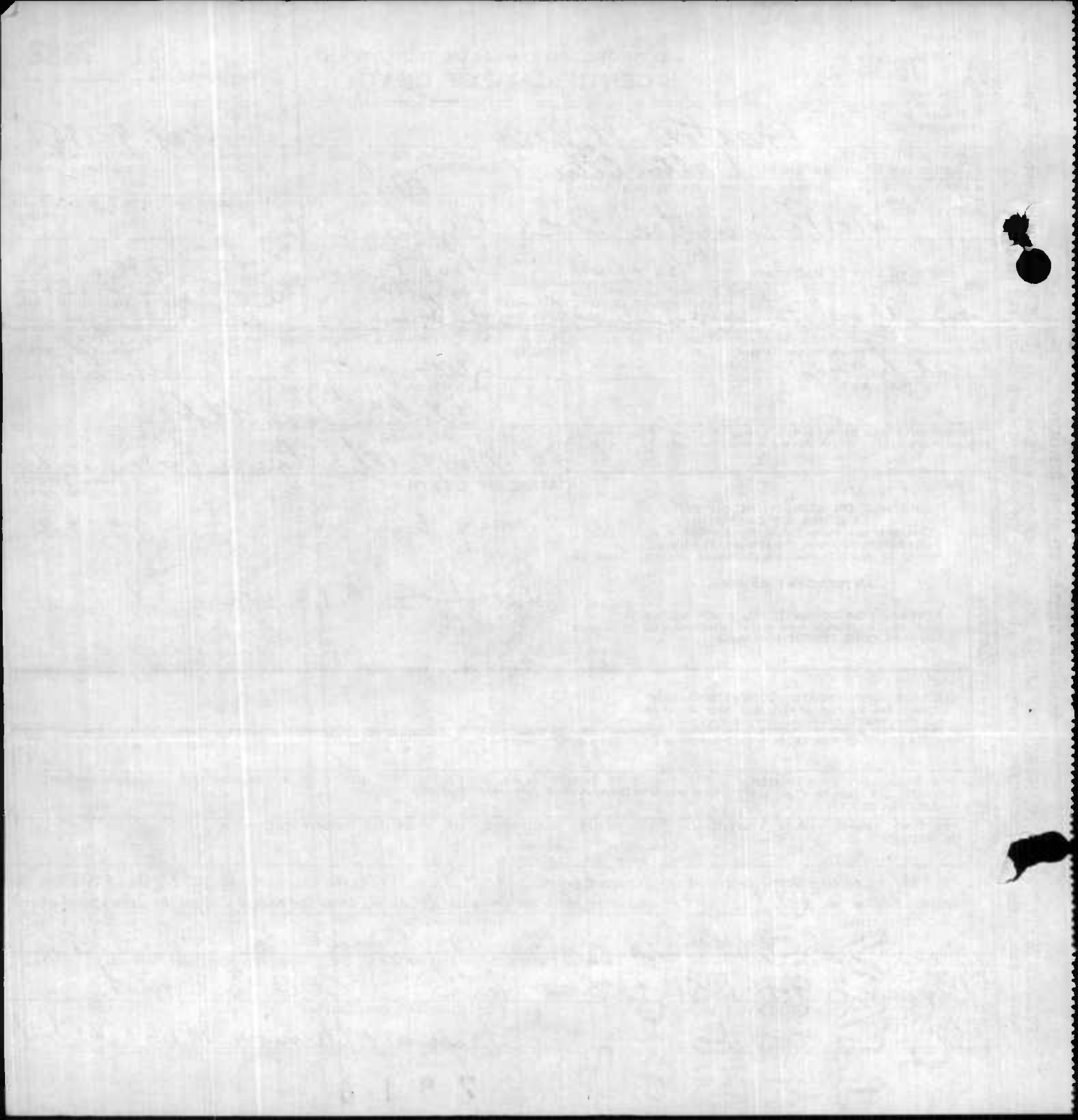
VS 150

*2510007816*

*937*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7833

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Schmitz

2. DATE  
OF  
DEATH

Sept. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Lutheran Hospital of Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 16

C. Length of stay in Baltimore

Neo-natal

D. STREET ADDRESS (If rural, give location)

2913 Clifton Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

—

8. DATE OF BIRTH

Sept. 9, 1951

9. AGE (In years last birthday)

—

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

32

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Leroy Schmitz

14. MOTHER'S MAIDEN NAME

Doris Marie Otter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Albert L. Schmitz - above

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Subarachnoid hemorrhage, minimal

INTERVAL BETWEEN ONSET AND DEATH

32 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Congestion + Edema

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cephalohematoma + Bilat. atelectasis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9 1951, to 9/9 1951, that I last saw the deceased alive on 9/9/51, 1951, and that death occurred at 10<sup>30</sup> P. M., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Silverstein

23B. ADDRESS

Lutheran Hosp of Md.

23C. DATE SIGNED

9/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 9/11/51

Daniel Ridge Ave

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

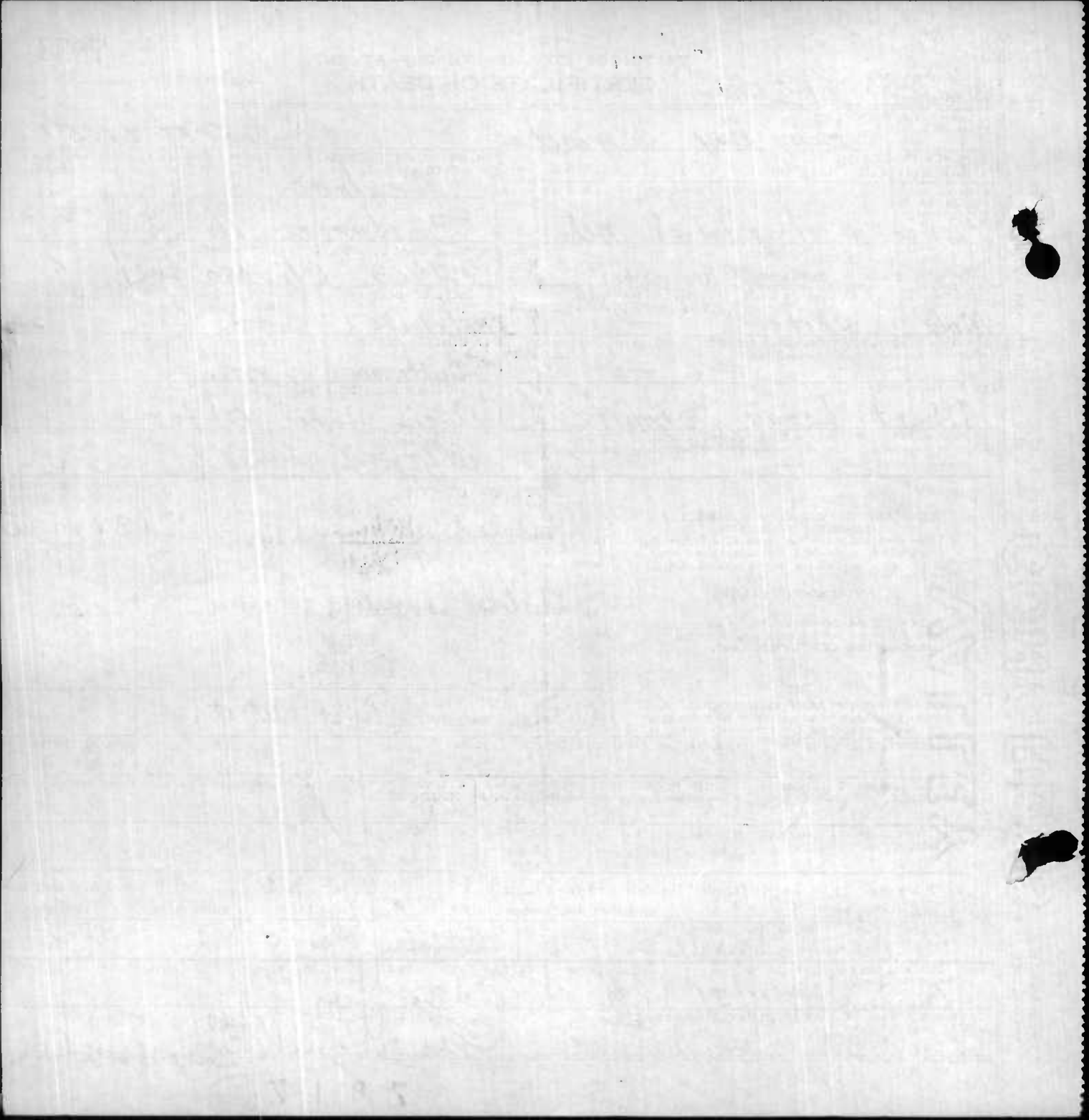
25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

Chas. J. Towell 2427





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) *HART Mrs. Merle M.*2. DATE  
OF  
DEATH *Sept. 9, 1951*  
*Feb 4, 1884*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Church Homes*

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE *Md.*B. COUNTY *Calvert*B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION *Church Homes & Hosp.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

*30 yrs*Yrs.  
Mos.  
Days

5. SEX

6. COLOR OF RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*ELMER J. HART Rt. 15 Box 196 B.*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Consecutive cardiac failure*

DUE TO

*6 yrs.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Hypertensive*

DUE TO

(C) *Cardiovascular disease*

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from *9/9/51*, 19 *51*, to *9/9/51*, 19 *51*, that I last saw the  
deceased alive on *9/9/51*, 19 *51*, and that death occurred at *12:10 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

10007818 93D

STATE OF NEW YORK  
CERTIFICATE OF DEATH

NOT TO BE FILLED IN

WALLEY  
YETMAN  
CONGREGATION  
BRIDGE

DATE OF DEATH: JAN. 21, 1915

NAME OF DECEASED: J. J. J. J. J.

AGE: 80

SEX: M

S-332  
51 7835  
51-20531

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7835  
Registered No.

BIRTH NO. 51 7835		1. NAME OF DECEASED (Type or Print) <i>Stetka baby girl</i>		2. DATE OF DEATH <i>9/9/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>8-03</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9/6/51</i>	9. AGE (In years last birthday) <i>0</i>	10. Under 1 Year Months: <i>0</i> Days: <i>2</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>William A. Stetka</i>		14. MOTHER'S MAIDEN NAME <i>Mrs. Blane, VIRGINIA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>WM. A. STETKA</i>	
18. <i>762.51</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>atelectasis</i> DUE TO <i>Prematurity (5.7)</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>40</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO		(C) DUE TO	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 6</i> , 19 <i>51</i> , to <i>Sept 9</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Sept 9</i> , 19 <i>51</i> , and that death occurred at <i>10:00</i> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. Thaczak</i>		23B. ADDRESS <i>Franklin Sq. Hosp.</i>		23C. DATE SIGNED <i>9/9/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>9-10-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>BALTIMORE CEM</i>	
24D. LOCATION (City, town, or county) (State) <i>E. NORTH AVE.</i>		25. FUNERAL DIRECTOR <i>Charles J. Gile</i>		ADDRESS <i>901 S. CONKLING ST.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 10 1951</i>		REGISTRAR'S SIGNATURE <i>W. Williams</i>		25. FUNERAL DIRECTOR <i>Charles J. Gile</i>	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7836

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Richard Mullen*

2. DATE OF DEATH

*9-7-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Baltimore*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

*1132 N. Carey St Balto Md*

B. FULL NAME OF HOSPITAL OR INSTITUTION

*1132 N CAREY St*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*1132 N. Carey*

c. Length of stay in Baltimore

5. SEX

*Male*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widow*

8. DATE OF BIRTH

*Aug-1-1870*

9. AGE (In years last birthday)

*80*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Laborer*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

*D. Anundel Co Md*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Thomas Mullen*

14. MOTHER'S MAIDEN NAME

*Jennie Mapp*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*Thola Sample*

ADDRESS

*1132 N. Carey St*

18. *334X1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Cerebral Apoplexy & Paralysis*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/2*, 19*51*, to *9/7*, 19*51*, that I last saw the deceased alive on *9/7*, 19*51*, and that death occurred at *3* p. m., from the causes and on the date stated above.

23A. SIGNATURE

*Blk R. Little*

23B. ADDRESS

*2134 N. Hill*

23C. DATE SIGNED

*9/7/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*Sept 11-51*

24C. NAME OF CEMETERY OR CREMATORY

*Mt Calvary*

24D. LOCATION (City, town, or county)

*Baltimore Md*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Wm. Williams*

25. FUNERAL DIRECTOR

*Brooks Ruggold*

ADDRESS

*1463 N. Carey St*

VS 150

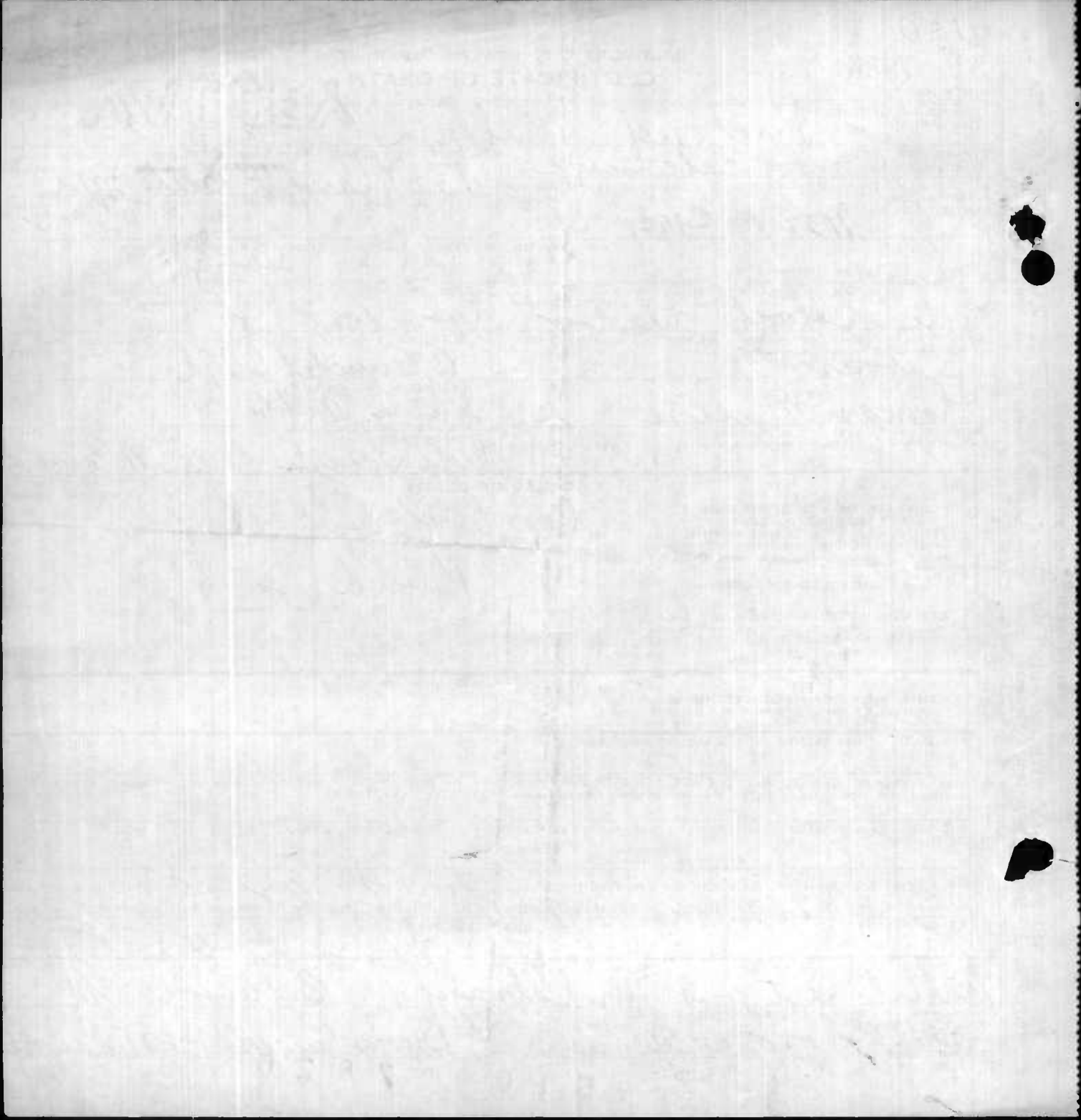
195100078200

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7837

BIRTH NO. 250 51 7837 50.00209

1. NAME OF DECEASED  
(Type or Print)

Jeanette Lawson

2. DATE  
OF  
DEATH Sept. 5, 19513. PLACE OF DEATH:  
A. Baltimore City, Maryland Balto. City4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
526 N. Pine Street

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 5, 1950

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

18

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)  
Baltimore12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.13. FATHER'S NAME  
Willie Lawson14. MOTHER'S MAIDEN NAME  
Sallie Mae Steveson15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Sallie Mae Lawson 526 N. Pine St

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Dehydration  
DUE TO congenital cerebral malformation

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held on autopsy thercon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Denclecker

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 6, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/10/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

Stanley H. Denclecker, M.D.

Elroy D. Wilson 1000 Brantley Ave

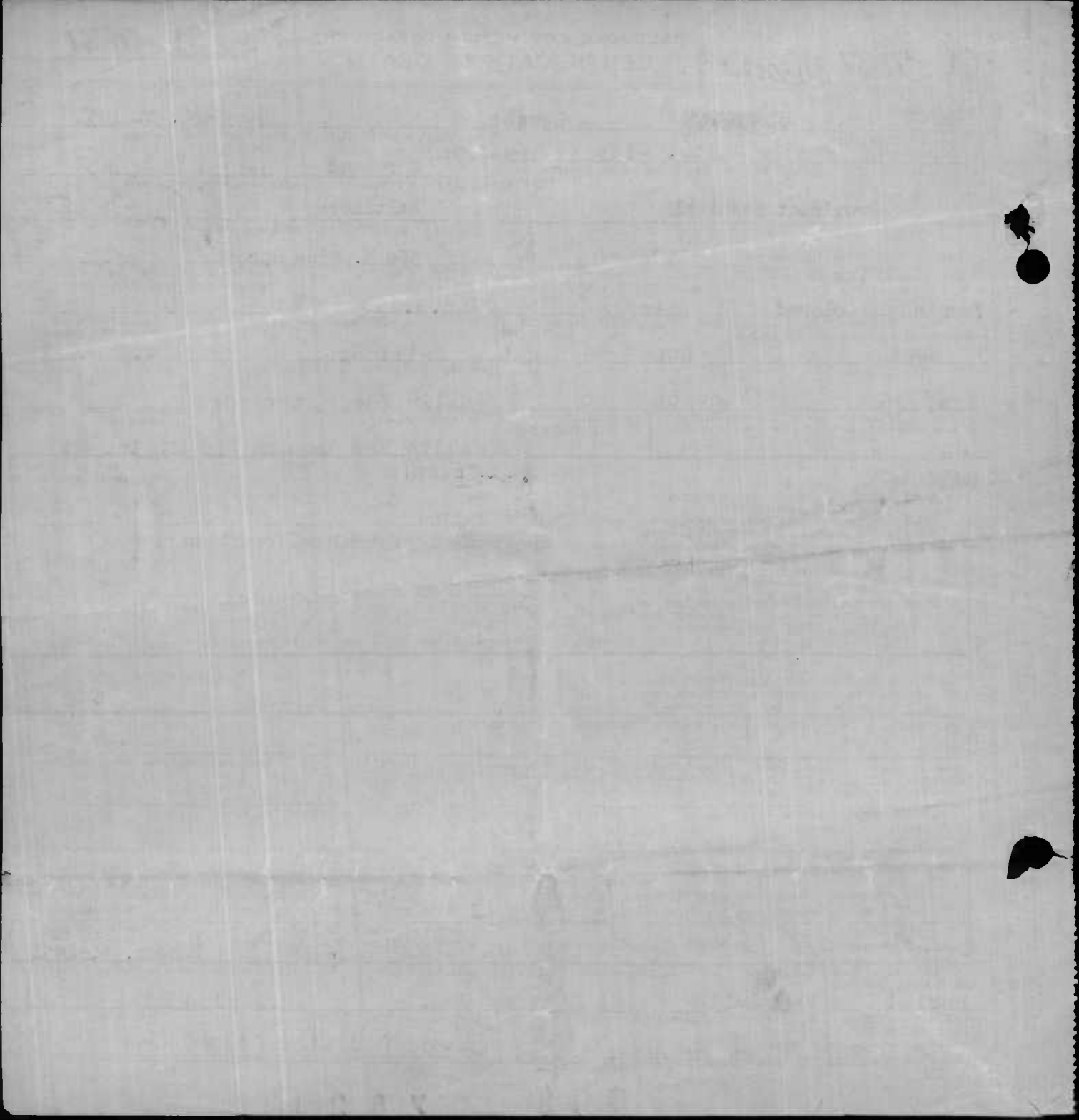
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1951 0007821

1577

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



S-532  
51 7838BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7838  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANK SANTOS

2. DATE  
OF  
DEATH

9/7/51

3. PLACE OF DEATH

A. Baltimore City, Maryland

Balt. Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Maryland Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

214 North Exeter St #2

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug 15-1887

9. AGE (In years

last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

seaman

10B. KIND OF BUSINESS OR  
INDUSTRY

water

11. BIRTHPLACE (State or foreign country)

Porto Rico

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Santos

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

James Santos 2106 Rand Ct

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

1 day

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29/1951, to 9/7/1951, that I last saw the  
deceased alive on 9/7/1951, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Verone MD

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

9/7/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-11-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cme

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams MD

25. FUNERAL DIRECTOR

Eugene S. Wilcox 1000 Bunting

ADDRESS

SEP 10 1951

VS 150

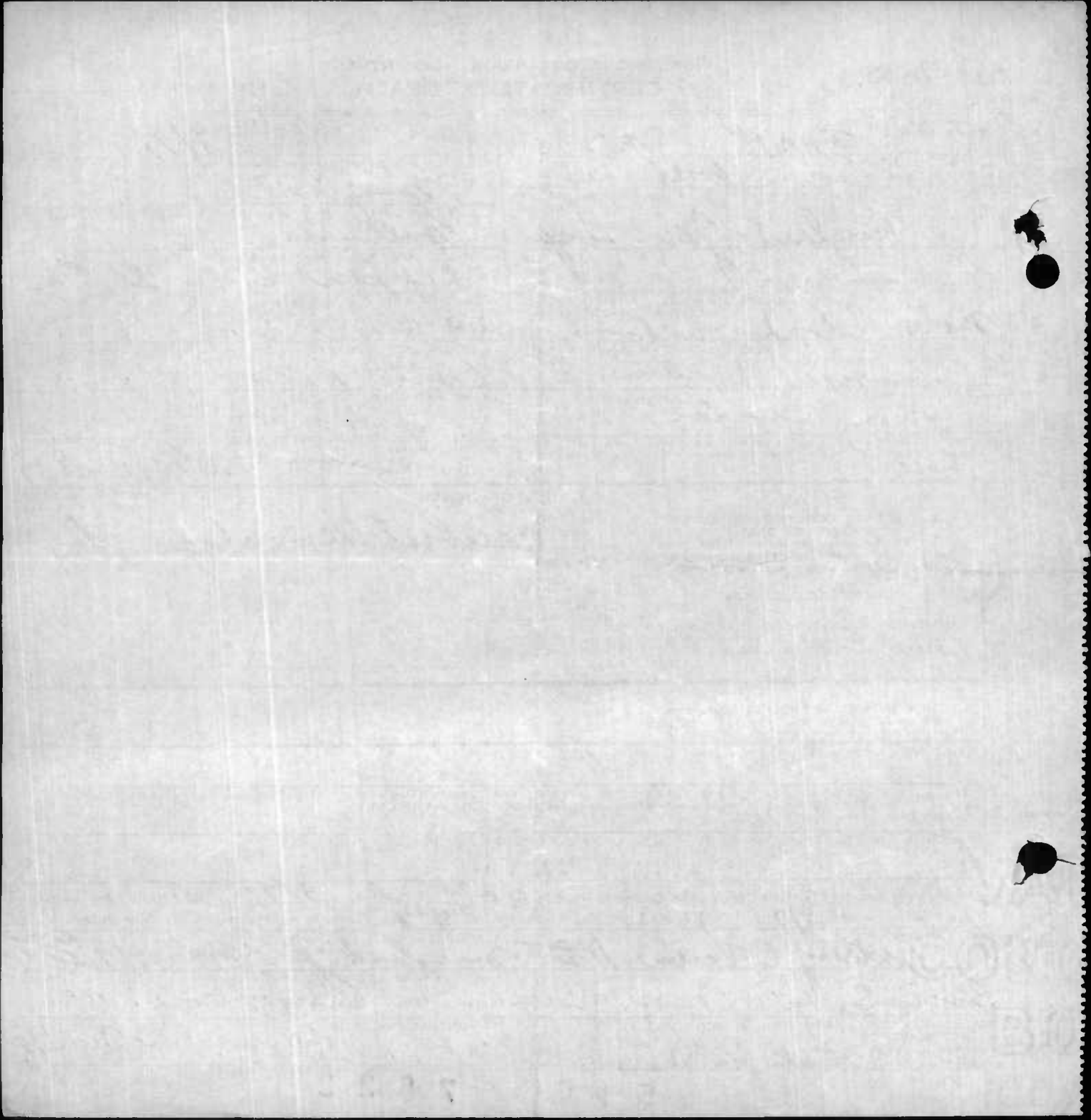
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83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-21417

51 7839

1. NAME OF DECEASED  
(Type or Print)

Baby boy KIEBER

2. DATE  
OF  
DEATH

SEPT. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

Harford

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

44 Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Edgewood

6200

D. STREET ADDRESS (If rural, give location)

Box 813, Edgewood, Md.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Yrs.  
Mos.  
Days

S

8. DATE OF BIRTH

SEPT 3, 1951

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

2 40

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U S

13. FATHER'S NAME

Brooks KIEBER

14. MOTHER'S MAIDEN NAME

MAE EMALINE STACEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Extra Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from SEPT 3, 1951, to SEPT 4, 1951, that I last saw the  
deceased alive on SEPT 4, 1951, and that death occurred at 12:20 AM., from the causes and on the date stated above.

23A. SIGNATURE

A. I. Neale

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

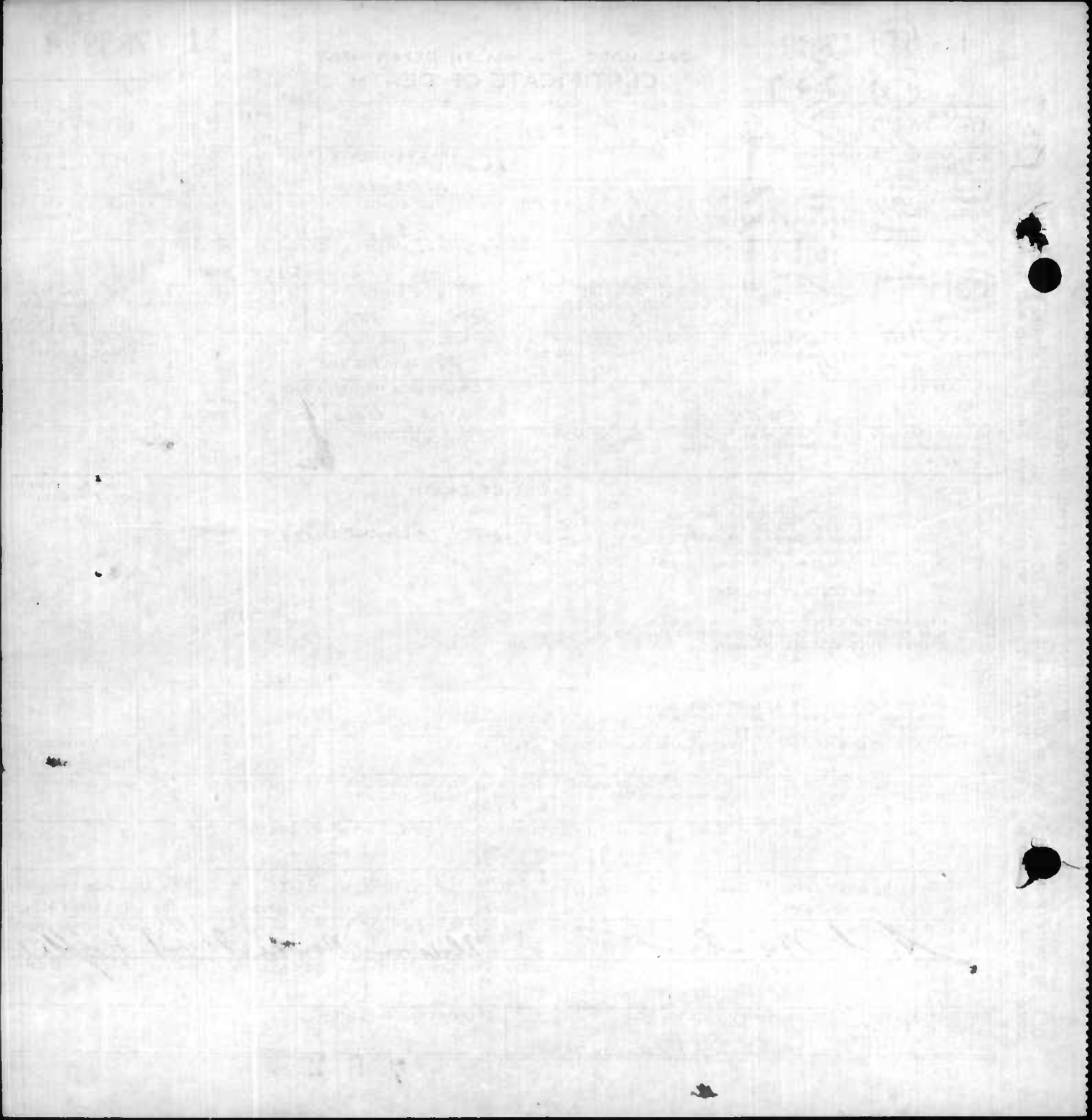
25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

T. Williams





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7840  
Registered No.

BIRTH NO. 51 7840

1. NAME OF DECEASED (Type or Print) <i>ARNOLIA J. Arnold Phillips</i>			2. DATE OF DEATH <i>Sept 8 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>5217 Beaufort ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>25</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>5217 Beaufort ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>5/22/1892</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Worcester Co. Maryland</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>George W. Phillips</i>			14. MOTHER'S MAIDEN NAME <i>Anna Tapman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>unknown</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Preston Phillips - Garrison, Ind</i>			ADDRESS		

18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Arteriosclerotic Cardiovascular</i> DUE TO ANTECEDENT CAUSES (B) <i>Disease</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <i>Cirrhosis of Liver</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <i>Partial Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23. SIGNATURE <i>William V. Smith</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <i>Sept 9, 1951</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 11-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Trinity Ridge</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 10 1951</i>	REGISTRAR'S SIGNATURE <i>Franklin Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Frank A. Powell</i>
		ADDRESS <i>Pikeville, Ind</i>

VS 151

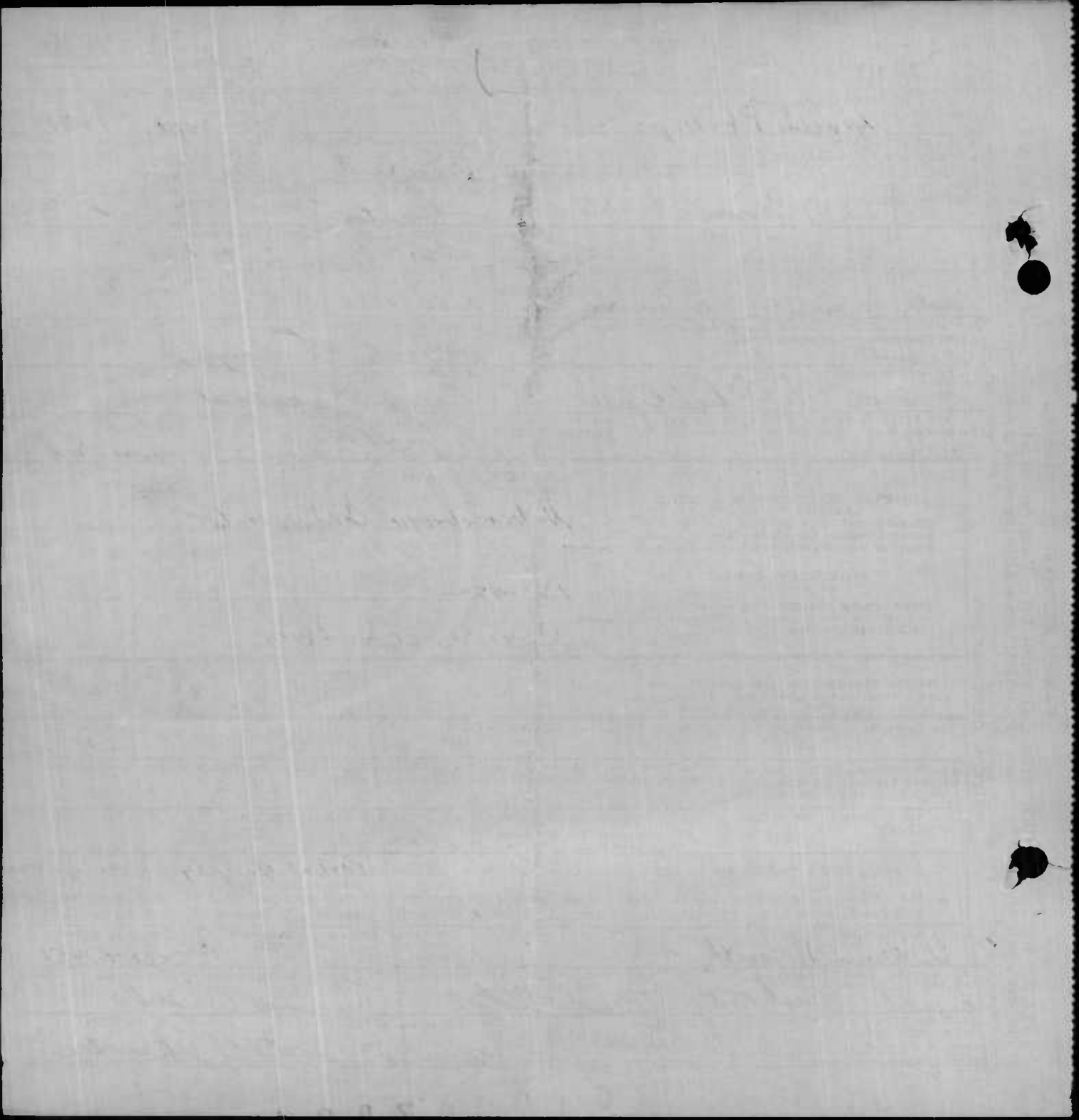
1951/9/26

124B

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7841

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Criswell, Annie MARY

2. DATE  
OF  
DEATH

9-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for the Women, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Randallstown

D. STREET ADDRESS (If rural, give location)

OFFETT Road.

5300

C. Length of stay in Baltimore

18

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-29-87

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Pikesville - Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Rudolph

14. MOTHER'S MAIDEN NAME

Addie Ryder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Patient Deceased

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Renal insufficiency

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Lower nephron nephrosis

4 days

(C)

Post operative shock

4 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CARCINOMA Bladder

?

19A. DATE OF OPERATION

9-5-51

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA Bladder

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-1951 to 9-9-1951, that I last saw the deceased alive on 9-9-1951 and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

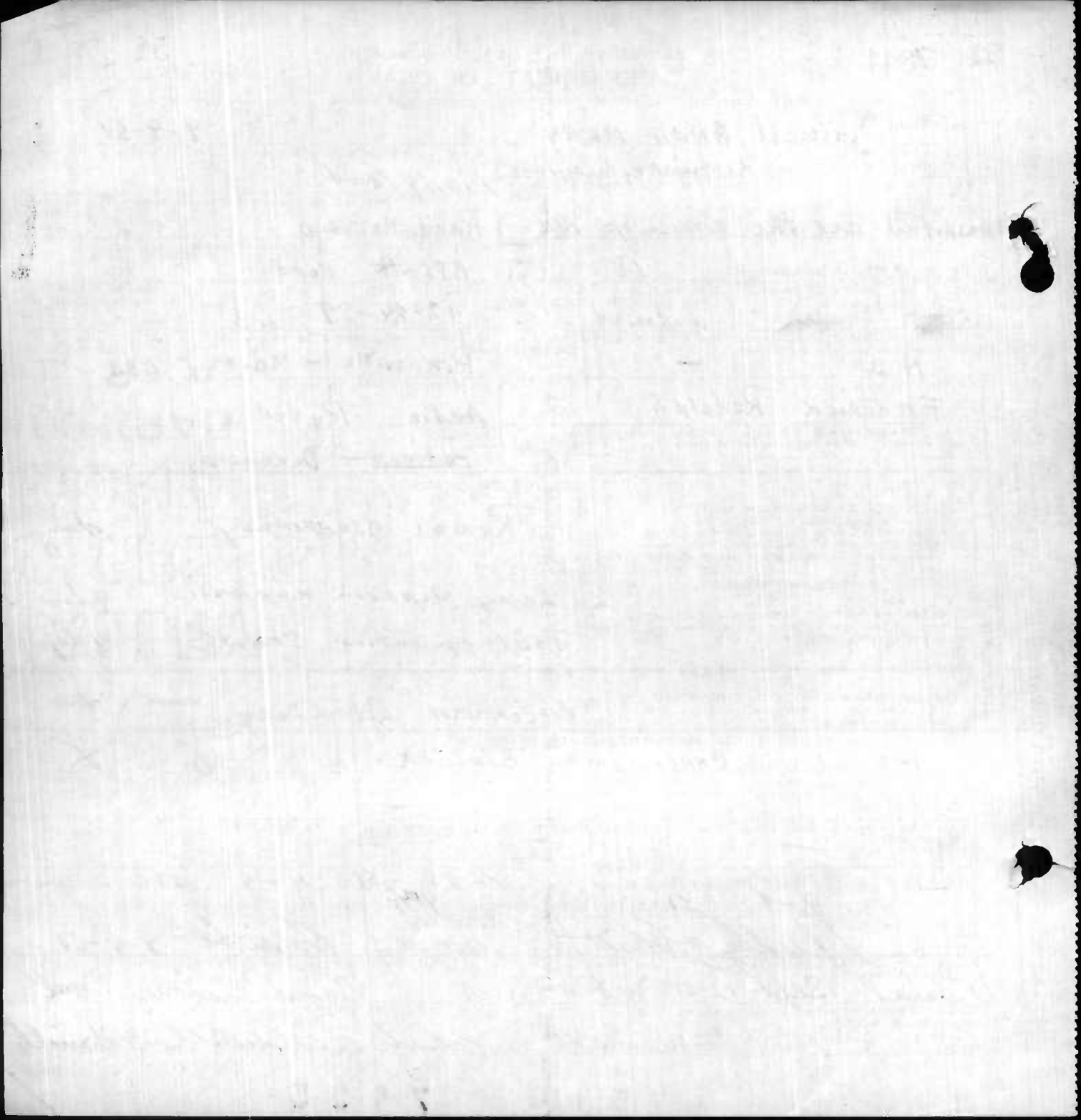
25. FUNERAL DIRECTOR

ADDRESS

VS 150

19510007825

52B md.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Humburg, Alfred

2. DATE  
OF  
DEATH

9/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Franklin Square

C. CITY OR TOWN

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

4203 Powell Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/15/1888

9. AGE (In years  
last birthday)

62

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

G.L. Martin

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Antoine Humburg

A. P. (4)

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 4203

Addelade R. Humburg Powell Ave

18. 198.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Adenocarcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Pulmonary &amp; cerebral metastases

INTERVAL BETWEEN  
ONSET AND DEATH

9-10-51

19A. DATE OF OPERATION

11-50

19B. MAJOR FINDINGS OF OPERATION

Metastasis - cerebral node, eye

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1951, to 9-9, 1951, that I last saw the deceased alive on 9-9, 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. B. B.

M. D.

23B. ADDRESS

Franklin Sq. W. W.

23C. DATE SIGNED

9-10-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/12/51

24C. NAME OF CEMETERY OR CREMATORY

Mortland C.

24D. LOCATION (City, town, or county)

Taylor Ave

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Donald J. B. B.

ADDRESS

Harford Rd

SEP 10 1951



1938

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other disposition		20. Signature of other disposition	
21. Signature of other disposition		22. Signature of other disposition		23. Signature of other disposition		24. Signature of other disposition	
25. Signature of other disposition		26. Signature of other disposition		27. Signature of other disposition		28. Signature of other disposition	
29. Signature of other disposition		30. Signature of other disposition		31. Signature of other disposition		32. Signature of other disposition	
33. Signature of other disposition		34. Signature of other disposition		35. Signature of other disposition		36. Signature of other disposition	
37. Signature of other disposition		38. Signature of other disposition		39. Signature of other disposition		40. Signature of other disposition	
41. Signature of other disposition		42. Signature of other disposition		43. Signature of other disposition		44. Signature of other disposition	
45. Signature of other disposition		46. Signature of other disposition		47. Signature of other disposition		48. Signature of other disposition	
49. Signature of other disposition		50. Signature of other disposition		51. Signature of other disposition		52. Signature of other disposition	
53. Signature of other disposition		54. Signature of other disposition		55. Signature of other disposition		56. Signature of other disposition	
57. Signature of other disposition		58. Signature of other disposition		59. Signature of other disposition		60. Signature of other disposition	
61. Signature of other disposition		62. Signature of other disposition		63. Signature of other disposition		64. Signature of other disposition	
65. Signature of other disposition		66. Signature of other disposition		67. Signature of other disposition		68. Signature of other disposition	
69. Signature of other disposition		70. Signature of other disposition		71. Signature of other disposition		72. Signature of other disposition	
73. Signature of other disposition		74. Signature of other disposition		75. Signature of other disposition		76. Signature of other disposition	
77. Signature of other disposition		78. Signature of other disposition		79. Signature of other disposition		80. Signature of other disposition	
81. Signature of other disposition		82. Signature of other disposition		83. Signature of other disposition		84. Signature of other disposition	
85. Signature of other disposition		86. Signature of other disposition		87. Signature of other disposition		88. Signature of other disposition	
89. Signature of other disposition		90. Signature of other disposition		91. Signature of other disposition		92. Signature of other disposition	
93. Signature of other disposition		94. Signature of other disposition		95. Signature of other disposition		96. Signature of other disposition	
97. Signature of other disposition		98. Signature of other disposition		99. Signature of other disposition		100. Signature of other disposition	

CERTIFICATE CORRECTED 9-19-51

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7843

BIRTH NO.

1. NAME OF DECEASED (Type or Print)

Louis  
~~Louis~~ H MEYERS. MYERS

2. DATE OF DEATH

9.10.1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

42 SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3102 White Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct 23 1878

9. AGE (in years last birthday)

72

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bellto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles

Myers

14. MOTHER'S MAIDEN NAME

Lucy Brandon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Amelia T. Myers-3102 White Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Acute peritonitis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

Sigmoid perforation.

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1951, to Sept 10, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Chelmond

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

9.10.51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9.13.51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Bellto MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

L. V. Ruck & Sons 1305 Harford

SEP 10 1951

VS 150

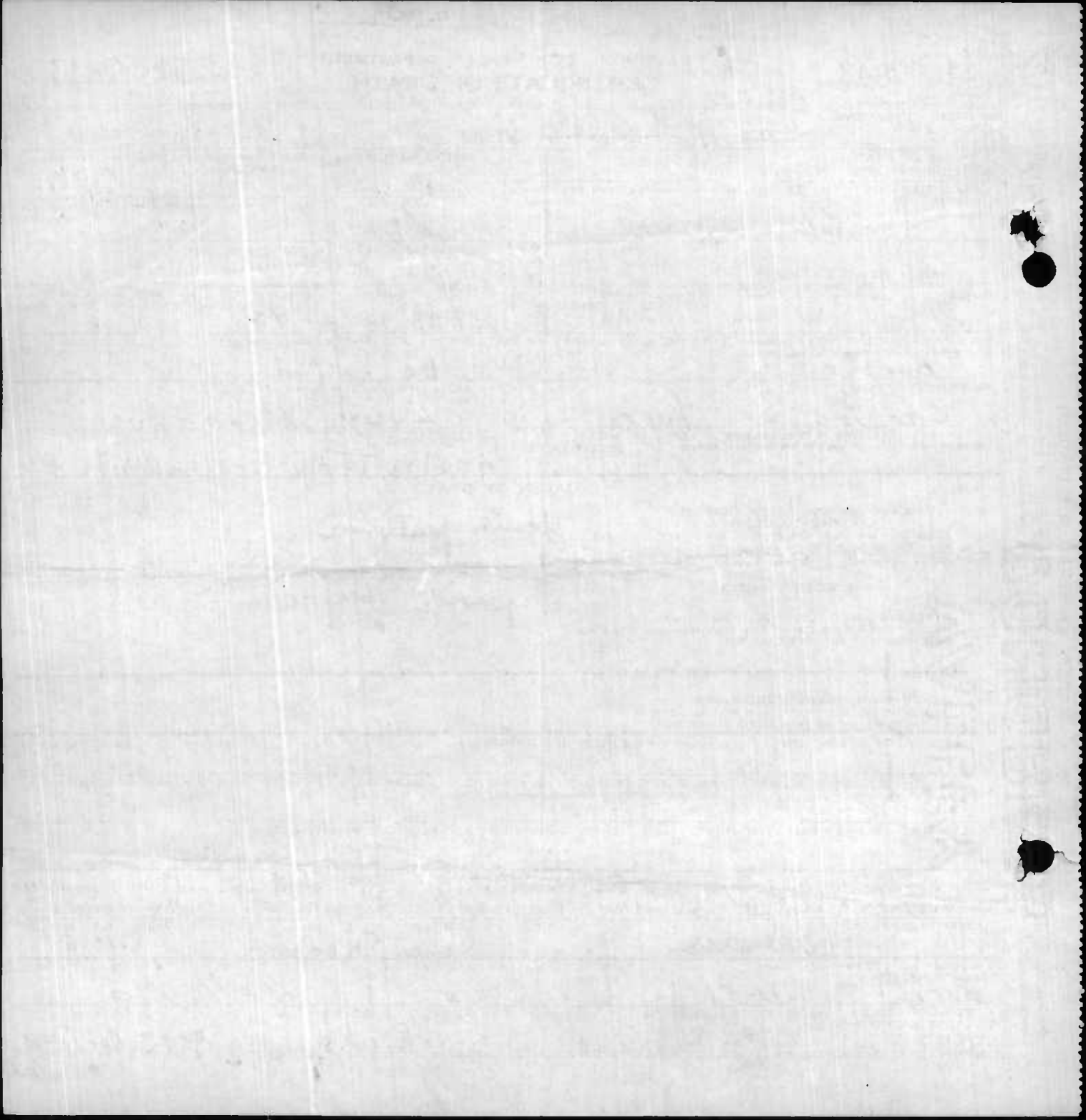
748 AF 0007

123

12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 7844

BIRTH NO.

51-20873

1. NAME OF DECEASED  
(Type or Print)

B. Rachuba

2. DATE  
OF  
DEATH

9-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Singer Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

Rural

c. Length of stay in Baltimore

2

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1525 Rita Rd. #22

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-8-51

9. AGE (In years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Rachuba

14. MOTHER'S MAIDEN NAME

Dolores Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Rachuba

1525 Rita Rd.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Vermin Caseosa Pneumonia ?

(C) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

2 days

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1951, to 9-10, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Farfel

M. D.

23B. ADDRESS

Singer Hospital

23C. DATE SIGNED

9-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

SEPT. 11-51

HOLY CROSS

A A CO

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

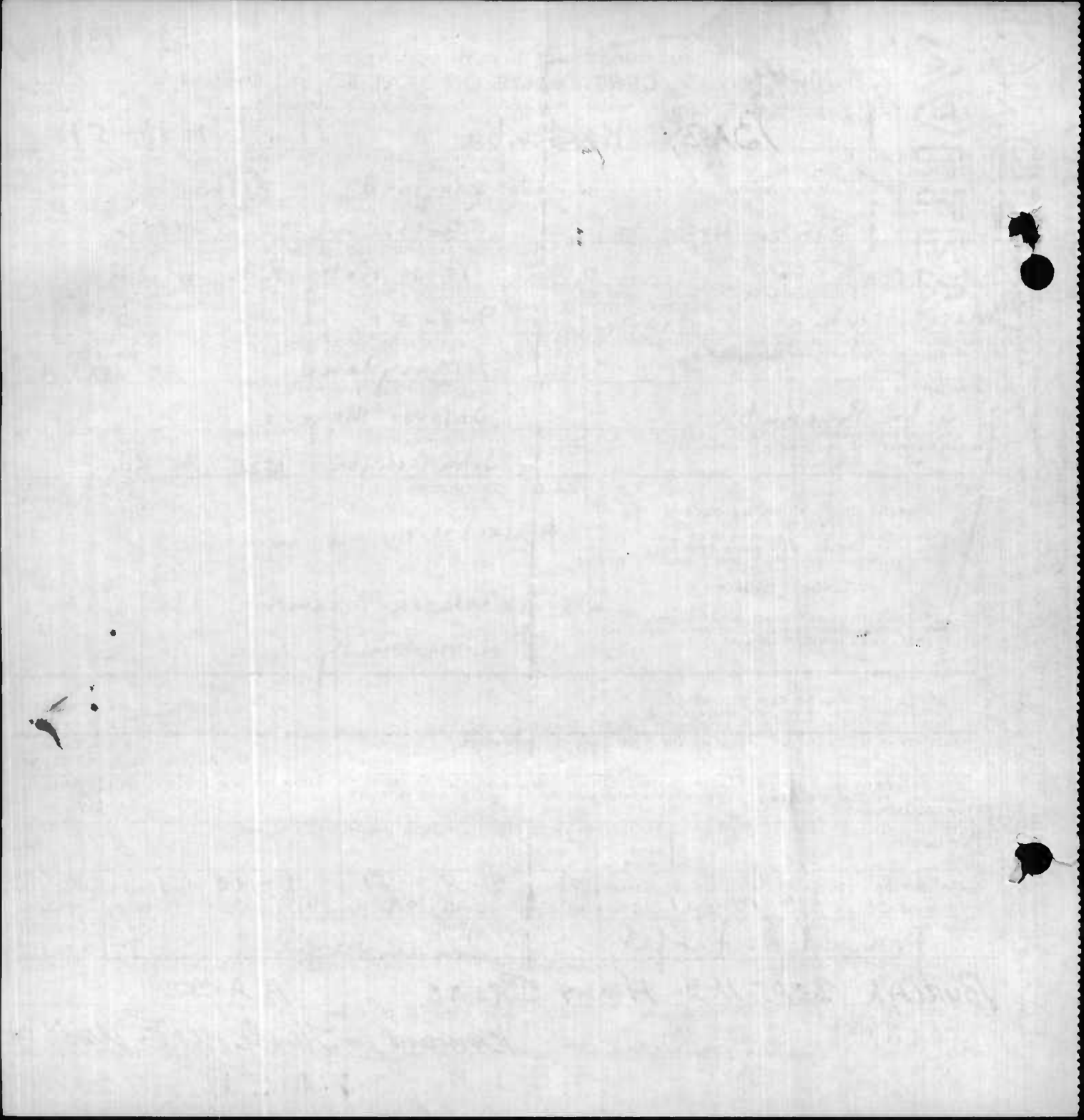
25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1951

Baltimore

Bernard G. Harle 131 E. West St



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Walter Edward Ullman

2. DATE OF DEATH **Sept 8, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Park Plaza Hotel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-02

D. STREET ADDRESS (If rural, give location)

Charles & Madison St

c. Length of stay in Baltimore

3 Weeks

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1888

9. AGE (In years last birthday)

63

10 Under 1 Year 11 Under 24 Hours

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shrine Circus Rep

10B. KIND OF BUSINESS OR INDUSTRY

Representative

11. BIRTHPLACE (State or foreign country)

Brooklyn N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Ullman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James Rison Northway Apts 3700 N Charles St

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Carcinoma head of pancreas*  
DUE TO *biliary obstruction*

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

*July 1951*

19B. MAJOR FINDINGS OF OPERATION

*Carcinoma head of pancreas*

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 16, 1951* to *Sept 8, 1951*, that I last saw the deceased alive on *Aug 19, 1951*, and that death occurred at *11:50 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*William E. Ullman*

M. D.

23B. ADDRESS

*100 E 33rd St. Baltimore, Md*

23C. DATE SIGNED

*Sept 9, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Cremation*

24B. DATE

*9/11/51*

24C. NAME OF CEMETERY OR CREMATORY

*Loudon Park*

24D. LOCATION (City, town, or county)

*Baltimore, Maryland*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 11 1951*

REGISTRAR'S SIGNATURE

*Thurston Williams, M.D.*

25. FUNERAL DIRECTOR

*Sol. Gervason & Bros - 1124-26 W. North Ave.*

ADDRESS

VS 150

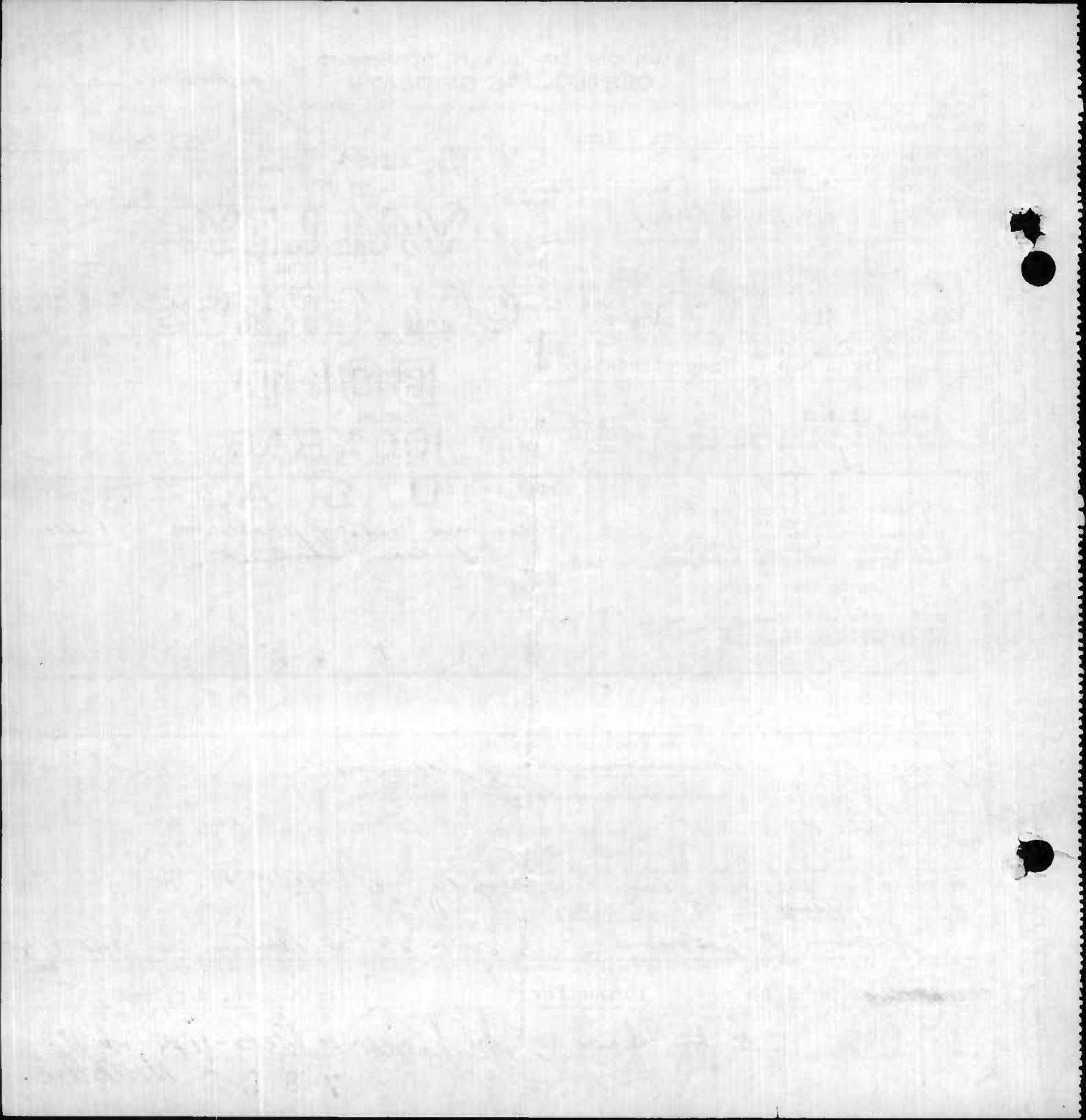
*300 8/4 000 7 8 468*

*North Ave.*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

CHAGA WURZEL

2. DATE  
OF  
DEATH

9/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

42 SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-03

D. STREET ADDRESS (If rural, give location)

1604 N. S. MA LLWOOD ST

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1885

9. AGE (In years last birthday)

66

H Under 1 Year

H Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Blyer

14. MOTHER'S MAIDEN NAME

Pearl Schwartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Selig Wurtzel - 1604 N. Smallwood St.

18. 1562 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) CARCINOMATOSIS

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/22

19B. MAJOR FINDINGS OF OPERATION

ADENOCARCINOMA IN LIVER; CHOLELITHIASIS

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1951, to SEPT 10, 1951, that I last saw the deceased alive on 9/10, 1951, and that death occurred at 8<sup>25</sup> A.m., from the causes and on the date stated above.

23A. SIGNATURE

Evelyn Wither M.D.

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

9/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/11/51

24C. NAME OF CEMETERY OR CREMATORY

Tiferes Israel

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 11 1951

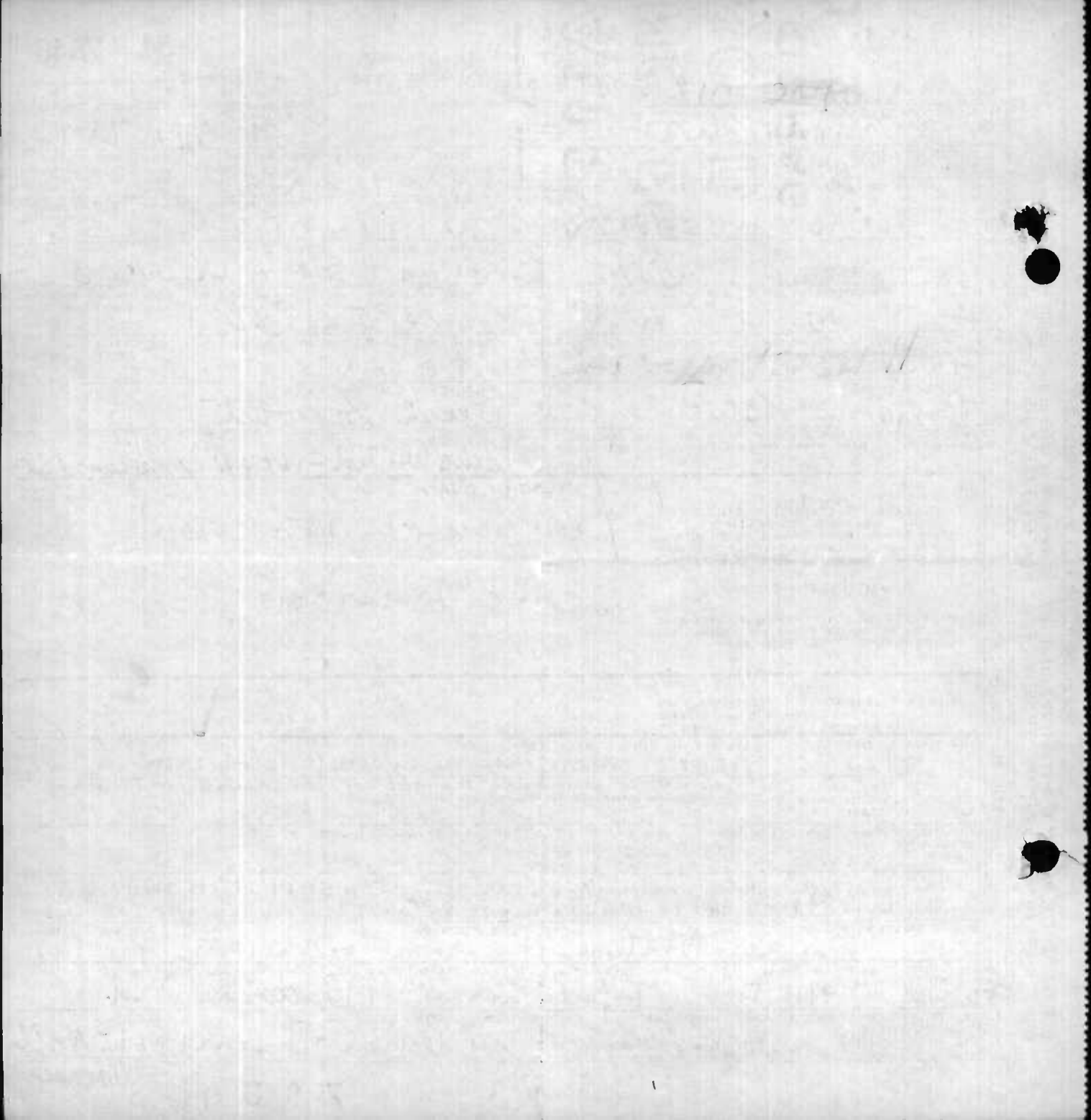
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Levinson - Bro - 1124-26 W. North

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES E. BOWLING (Bolling)

2. DATE  
OF  
DEATH

September 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

137 Aisquith St.

c. Length of stay in Baltimore

3 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Sept.

8. DATE OF BIRTH

Nov. 10. 1898

9. AGE (In years  
last birthday)

52

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR  
INDUSTRY

Brooks Transfer

11. BIRTHPLACE (State or foreign country)

Richmond Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Bowling (Bolling)

14. MOTHER'S MAIDEN NAME

Edmonia Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Richmond VA ADDRESS

Charles Bolling 905 Norton St

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Acidosis

DUE TO diabetes mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley J. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 5, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-9-1951

24C. NAME OF CEMETERY OR CREMATORY

Richmond

24D. LOCATION (City, town, or county)

Richmond Virginia

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

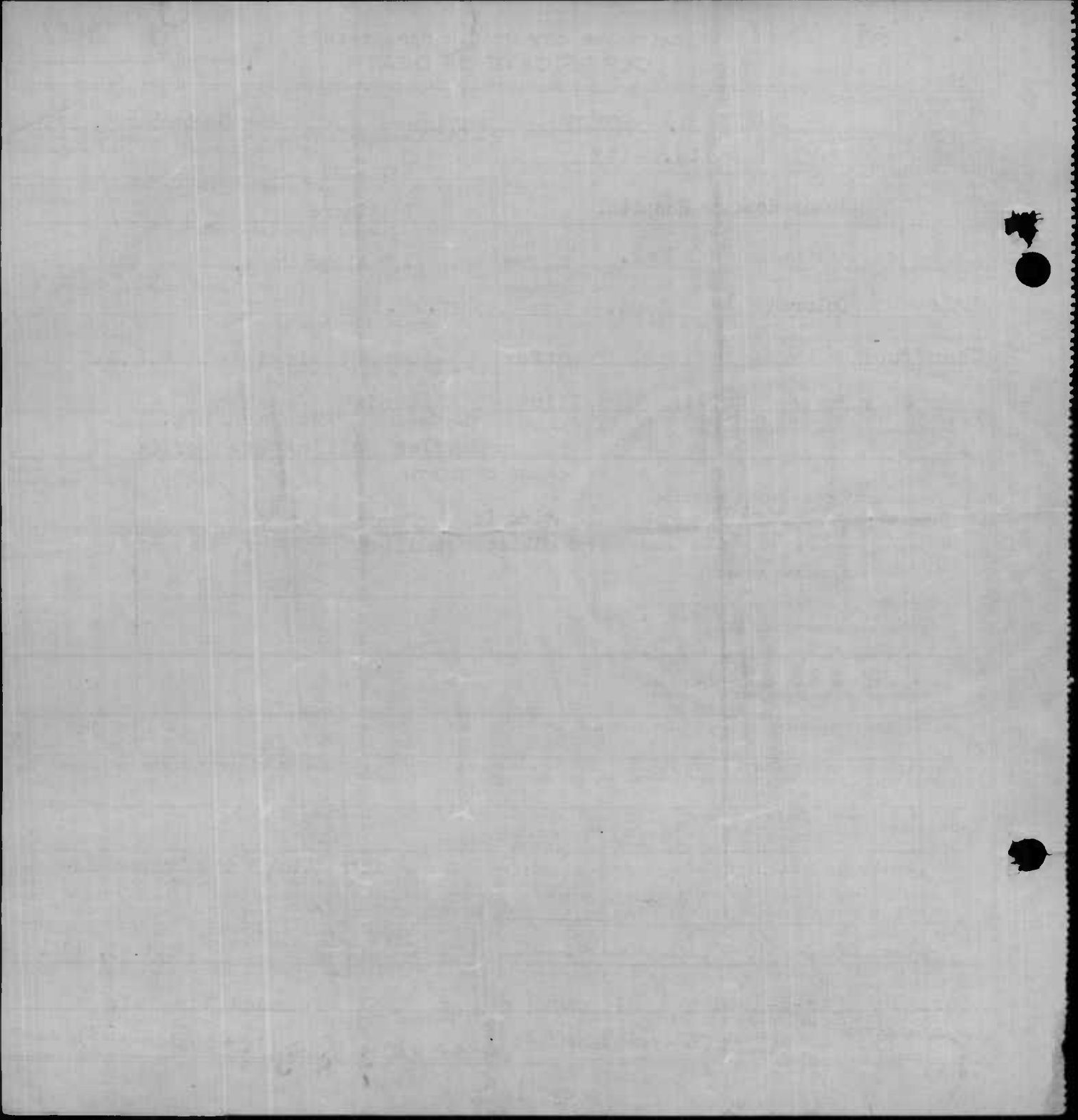
ADDRESS

Elwyno Wilson 1400 Beauty ave

VS 151

653 52 00 7 8 5

61



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ARTHUR M BYRNE

2. DATE  
OF  
DEATH

SEPT 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

13-08

D. STREET ADDRESS (If rural, give location)

1233 DELWOOD AVE

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-12-04

9. AGE (In years  
last birthday)

47

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Seamst Sup.

10B. KIND OF BUSINESS OR  
INDUSTRY

Amuse + Co

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM BYRNE

14. MOTHER'S MAIDEN NAME

ALICE WITZINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

214-03-1181

17. INFORMANT  
JOHNS HOPKINS HOSPITAL ADDRESS18. 4700  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Myocardial Infarction

INTERVAL BETWEEN  
ONSET AND DEATH

11 days?

ANTECEDENT CAUSES

DISEASES, OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Heart Disease  
with coronary Sclerosis

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-1951, to 9-9-1951, that I last saw the  
deceased alive on 9-9-1951, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Julius R. Krevans

M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/13/51

24C. NAME OF CEMETERY OR CREMATORY

Daniel Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 11 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

Paul E. Chensault, 3615-17 Chestnut Ave.

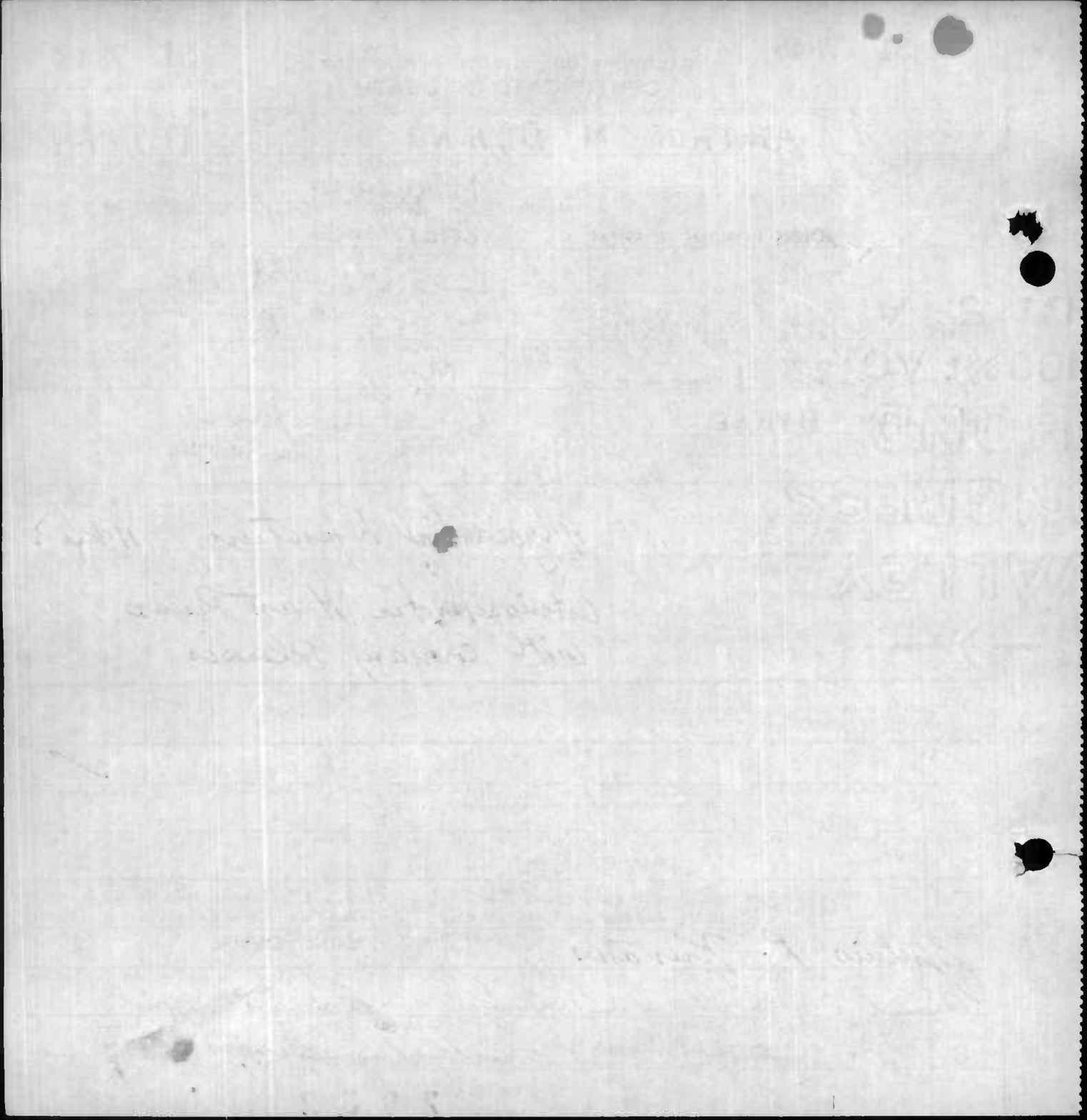
ADDRESS

VS 150

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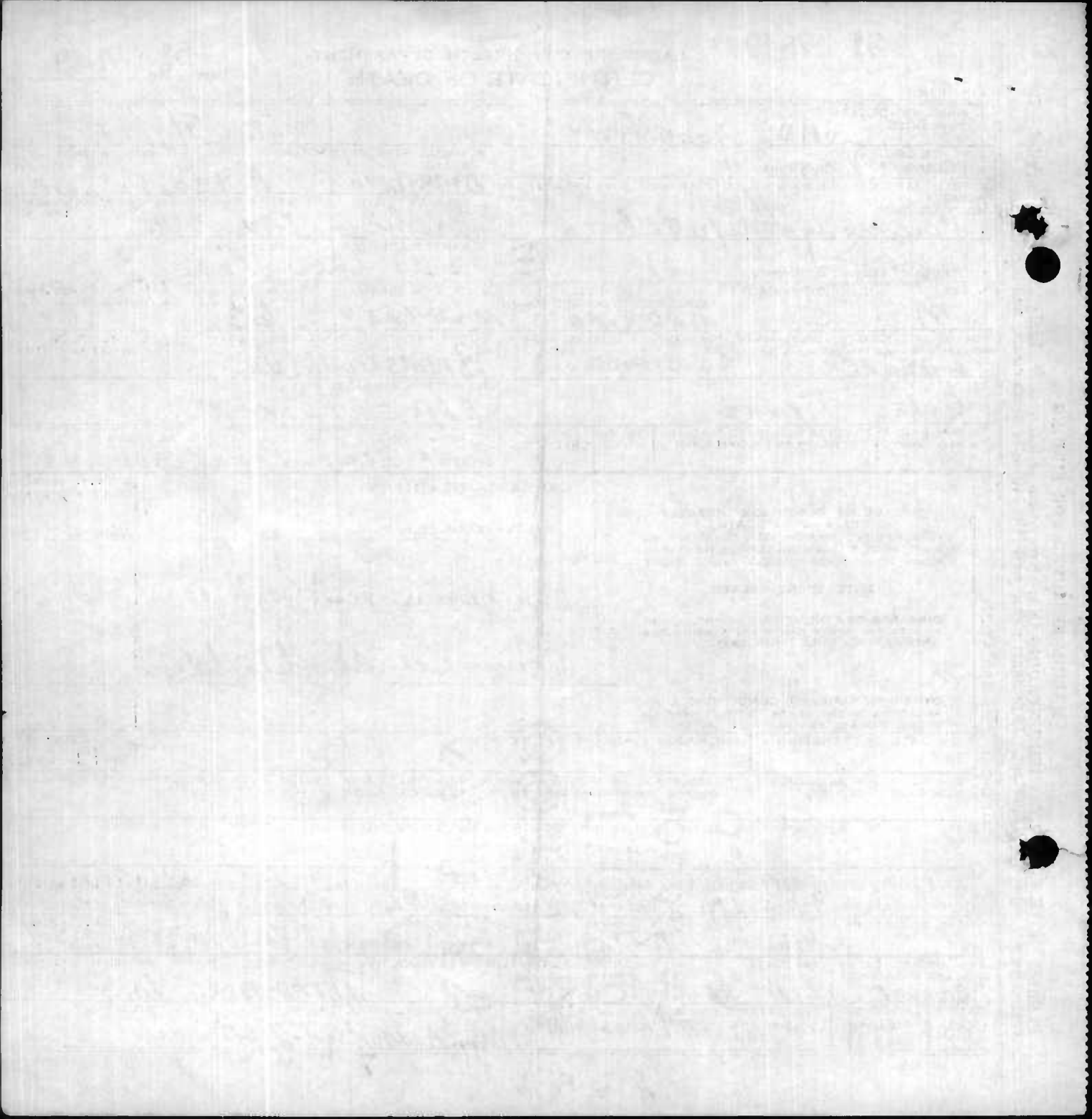


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT		51 7849	
CERTIFICATE OF DEATH		Registered No. 51 7849	
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) <b>EVANS, JOHN A.</b>		2. DATE OF DEATH <b>9/7/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>A. A. Co.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Brooklyn Md.</b>	
c. Length of stay in Baltimore <b>21</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>221 Cherry Lane 5200</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-22-1887</b>
9. AGE (In years last birthday) <b>63</b>		10. UNDER 1 Year Months Days	
11. UNDER 24 Hours Hours Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
11. BIRTHPLACE (State or foreign country) <b>PETERSBURG, VA.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>GILES EVANS</b>		14. MOTHER'S MAIDEN NAME <b>ALICE TUCKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>DORCAS EVANS - PETERSBURG, VA</b>		ADDRESS	
18. <b>42001</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b> CAUSE OF DEATH <b>congestive heart failure</b> <b>Arterio sclerotic heart disease</b> DUE TO OUE TO INTERVAL BETWEEN ONSET AND DEATH <b>Several mo.</b> <b>5-6 weeks.</b>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-7-51</b> 19__, to <b>9-7-51 (6 hrs)</b> , that I last saw the deceased alive on <b>9-7-51</b> , 19__, and that death occurred at <b>9:15 P.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Larry D. Dwyer, M.D.</b>		23B. ADDRESS <b>Univ. Hospital Balt. Md.</b>	
23C. DATE SIGNED <b>9-7-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24B. DATE <b>9-11-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>PETERSBURG, VA.</b>		24D. LOCATION (City, town, or county) (State) <b>PETERSBURG, VA.</b>	
25. FUNERAL DIRECTOR <b>Wm. A. JACKSON - 916 PENNA.</b>		ADDRESS	

92052 & 0007855 937



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Michael Starr Johnson

2. DATE  
OF  
DEATH Sept. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-05

D. STREET ADDRESS (If rural, give location)

1506 E. Lafayette Avenue

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 30, 1948

9. AGE (In years  
last birthday)

3

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Johnson

14. MOTHER'S MAIDEN NAME

Helma E. Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helma E. Bailey

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Tay - Sachs Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30/1950 to 9/10/1951, that I last saw the  
deceased alive on 9/10/1951, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. P. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

9/10/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-12-51

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balt - Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

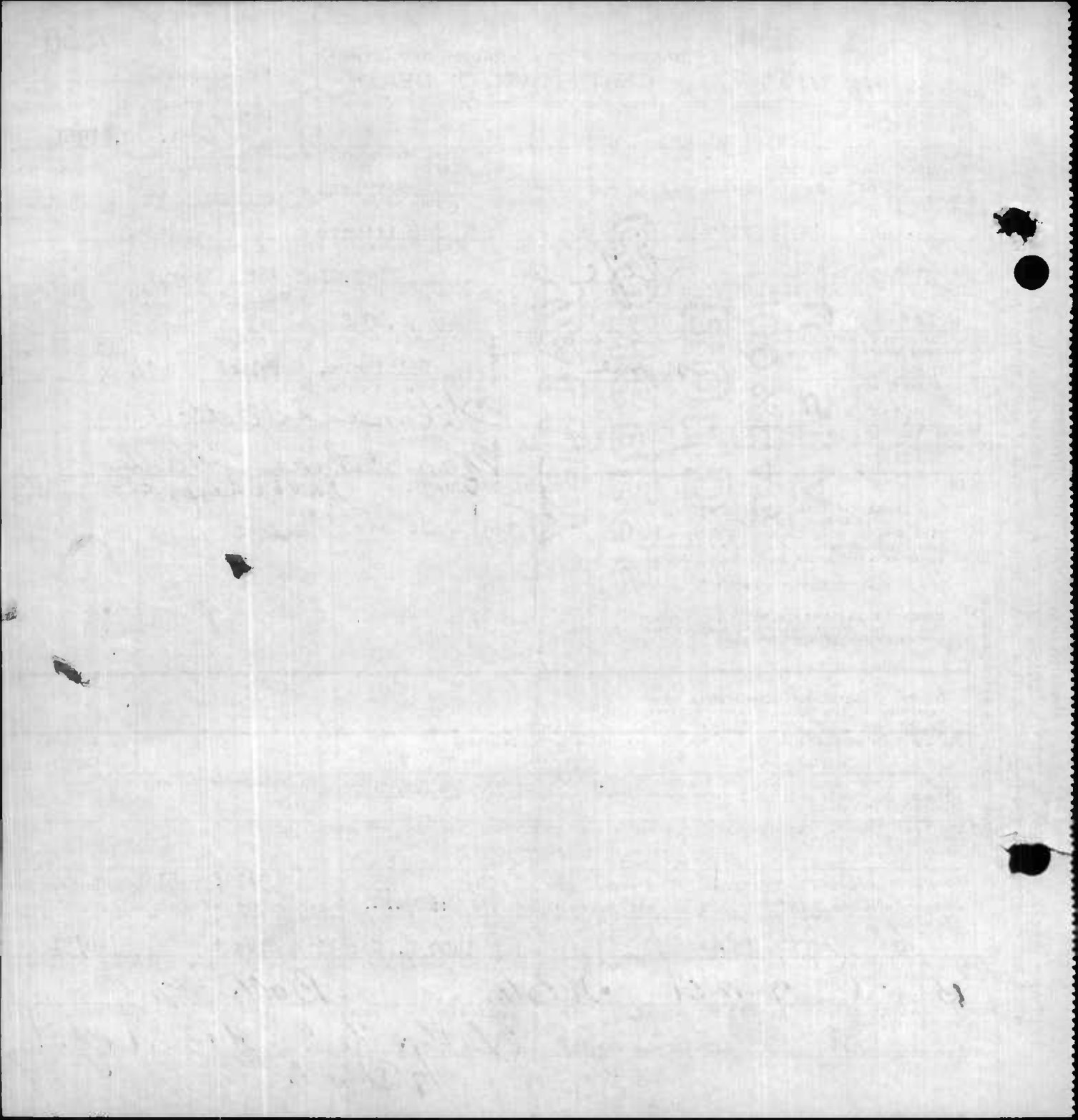
25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1951

[Signature]

Lilly &amp; Zier - 403 S. Volpe





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7851  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHANNA WEINER</b>		2. DATE OF DEATH <b>9-10-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3304 W. Garrison Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-18</b>	
c. Length of stay in Baltimore <b>29</b> Yrs. <b>Mo.</b> <b>Days</b>		D. STREET ADDRESS (If rural, give location) <b>3304 W. Garrison Ave</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>38</b>
13. FATHER'S NAME <b>Shimin</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Sina</b>	
17. INFORMANT <b>Mrs Lena Cornblatt</b>		ADDRESS <b>same</b>	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
DUE TO (A) <b>Cerebral Hemorrhage</b>		
DUE TO (B) <b>arteriosclerotic C. V. D.</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>11-yr</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9-11-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 3, 1951</b> to <b>Sept 10, 1951</b> , that I last saw the deceased alive on <b>Sept 10, 1951</b> , and that death occurred at <b>8 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Dr. B. Gross</b>		23B. ADDRESS <b>2404 East Annapolis</b>		23C. DATE SIGNED <b>Sept 11, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-11-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>		24E. FUNERAL DIRECTOR <b>Jack Lewis Inc</b>		24F. ADDRESS <b>2100 Easton Rd</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 11 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>		25. FUNERAL DIRECTOR <b>Jack Lewis Inc</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Quose  
2402  
Lautaw Pe

La 2447

6911  
Panic Hgt  
Mo 1887

W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P. 322

51 7852

51 7852

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <b>SARAH LORA RITZES</b>	
2. DATE OF DEATH <b>9-10-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>3728 Beekler Ave</b>	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-18</b>	
7. STREET ADDRESS (If rural, give location) <b>3728 Beekler Ave</b>	
c. Length of stay in Baltimore <b>45</b> Yrs. Mos. Days	
8. SEX <b>Female</b>	9. COLOR OR RACE <b>White</b>
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	11. DATE OF BIRTH <b>6-3</b>
12. AGE (In years last birthday) <b>63</b>	13. Under 1 Year Months Days
14. Under 24 Hours Hours Min.	15. AGE (In years last birthday) <b>63</b>
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	17. KIND OF BUSINESS OR INDUSTRY
18. FATHER'S NAME <b>Gahala</b>	19. MOTHER'S MAIDEN NAME <b>Not known</b>
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	21. SOCIAL SECURITY NO.
22. INFORMANT <b>David Ritzes</b>	23. ADDRESS <b>Same</b>
18. <b>153 X</b> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	
(A) <b>General Carcinoma of Spleen</b>	
DUE TO	
ANTECEDENT CAUSES	
(B) <b>Carcinoma of Spleen</b>	
DUE TO <b>Plethora of Colon</b>	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <b>7/15/51</b>	19B. MAJOR FINDINGS OF OPERATION <b>Inoperable Carcinoma of Spleen</b>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>2/5</b> 19 <b>40</b> to <b>9/10</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9/10</b> , 19 <b>51</b> , and that death occurred at <b>11:45</b> p. m., from the causes and on the date stated above.	
23A. SIGNATURE <b>Elizabeth</b>	23B. ADDRESS <b>2020 Eutan Rd</b>
23C. DATE SIGNED <b>9/11/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-11-51</b>
24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 11 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. Williams, M.D.</b>
25. FUNERAL DIRECTOR <b>Jack Lewis</b>	ADDRESS <b>2100 Eutan Rd</b>

*Hubert  
2020 Oct 10*

AB-136705

51 7853

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7853

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Agnes Anita Scott (Grinnage)

2. DATE  
OF  
DEATH

9/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)Balto. City Hospitals  
4940 Eastern Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

745 W. Mulberry St

c. Length of stay in Baltimore

30 yrs

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Feb. 22, 1902

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work in which engaged during most of working life, except if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF  
WHAT COUNTRY?

U.S. &amp;

13. FATHER'S NAME

John Frost

14. MOTHER'S MAIDEN NAME

Agnes Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Balto. City Hospitals  
Records: 4940 Eastern Ave

18.

332X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

2 Wks.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Aspiration pneumonia

1 Day

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20-\_\_\_\_, 1950 to 9-5-\_\_\_\_, 1951, that I last saw the  
deceased alive on 9-5-\_\_\_\_, 1951, and that death occurred at 3:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Rogers

23B. ADDRESS

M. D.

4940 Eastern Ave. Balto. Md 9-6-51

23C. DATE SIGNED

24A. BURIAL CRAMA-  
TION REMOVAL (Specify)

Burial

24B. DATE

9-11-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 11 1951

REGISTRAR'S SIGNATURE

L. J. Williams, M.D.

25. FUNERAL DIRECTOR

Chas. H. Fisher 512 Carrollton

ADDRESS

83B Ave.

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY  
CONGRESS  
SECOND

1917-1918

U.S.A.

For the purpose of the Valley Congress

the following is suggested



51 7854

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7854

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

JOSEPHINE ROBINSON

2. DATE  
OF  
DEATH

9/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1736 WARWICK AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

15-03

D. STREET ADDRESS (If rural, give location)

1736 WARWICK AVE

c. Length of stay in Baltimore

30yrs

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7/2/1909

9. AGE (In years  
last birthday)

42

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

ANNAPOLIS, MD

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FREDERICK JOHNSON

14. MOTHER'S MAIDEN NAME

ELEANOR BLACKSTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

CHARLES ROBINSON (H) 1736 WARWICK

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Abdominal Carcinomatosis

11 Mos?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Adenocarcinoma Ovary-

11 Mos?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jun 15/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Ovary extension to liver &amp; omentum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to June, 1951, that I last saw the  
deceased alive on June 20, 1951, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. S. Brown

M. D.

23B. ADDRESS

Johns Hopkins Hospital

23C. DATE SIGNED

7 Sep 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/11/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. AUBURN

24D. LOCATION (City, town, or county)

BALTIMORE, MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 11 1951

REGISTRAR'S SIGNATURE

C. S. Brown

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER-512 CARROLLTON

VS 150

Chas G Cooper 49a

AE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





51 7855

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7855

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT

TUNSTALL

2. DATE  
OF  
DEATH

September 7, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

a. STATE

b. COUNTY

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Provident Hospital

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

17-02

d. STREET ADDRESS (If rural, give location)

1128 Pennsylvania Avenue

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

10/27/1908

9. AGE (In years  
last birthday)

42

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Barten der

10b. KIND OF BUSINESS OR  
INDUSTRY

Tavern

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Tunstall

14. MOTHER'S MAIDEN NAME

Julia Cathorn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

125-03-4328

17. INFORMANT

ADDRESS

Hattie Nelson(S) 812 W. Lexington St

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9/7/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/12/51

24C. NAME OF CEMETERY OR CREMATORY

Western Star Cemetery

24D. LOCATION (City, town, or county)

Balto. County, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Charles G. Cooper-512 Carrollton St

V S 151

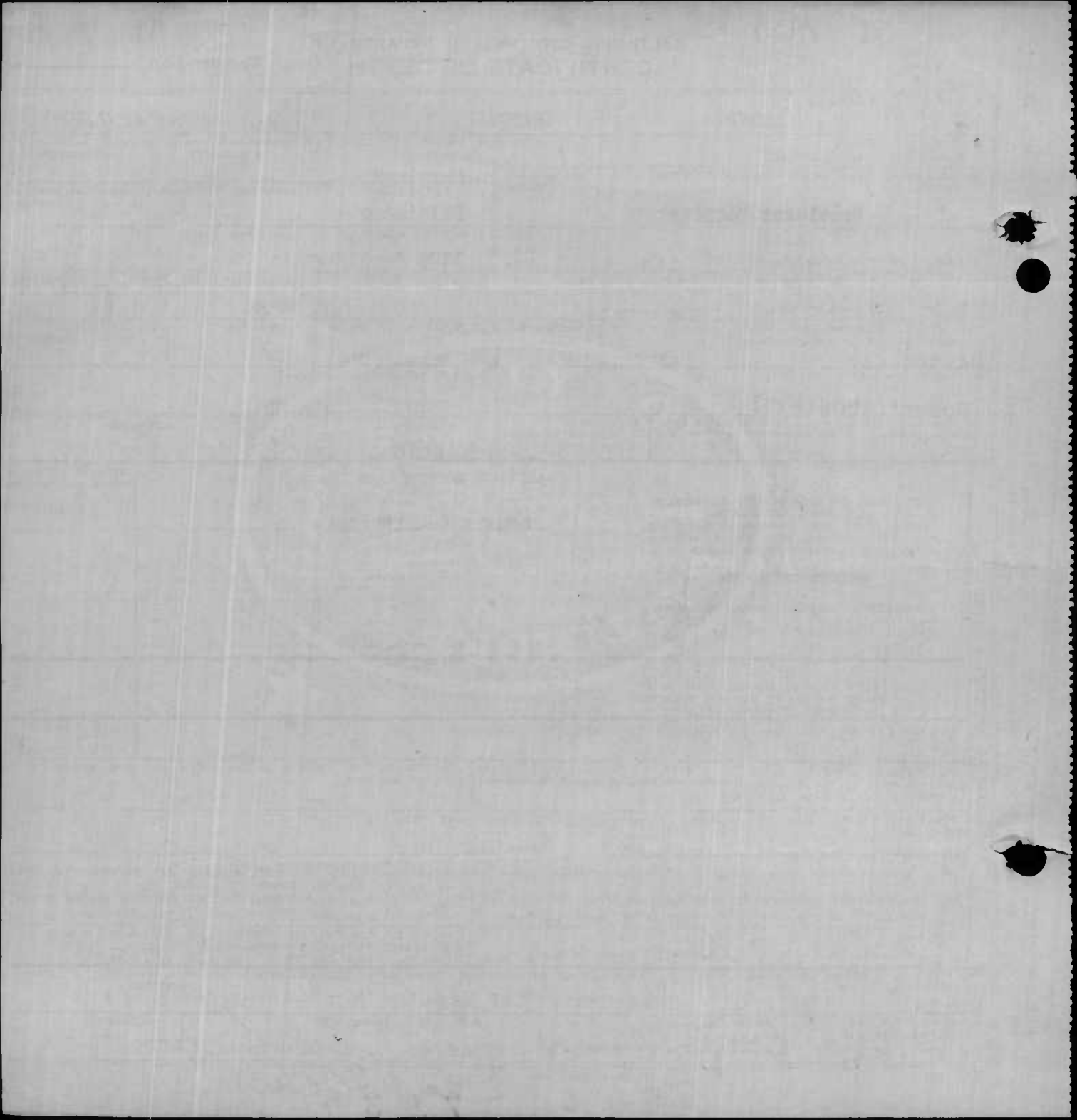
750 614

Charles G. Cooper

1312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7856

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7856  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Henry

2. DATE  
OF  
DEATH

Sept. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital (DOR)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Reisterstown Rural

D. STREET ADDRESS (If rural, give location)

Butler Road

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 26, 1886

9. AGE (In years  
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sign painter

10B. KIND OF BUSINESS OR  
INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry Pearson

14. MOTHER'S MAIDEN NAME

Fannie Kettel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.

219-22-4761

17. INFORMANT

Irene A. Pearson

ADDRESS

18.

490 X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute Pulmonary Edema

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Pneumonia, Lobar, Early

DUE TO

(C)

Arteriosclerotic Cardio-vascular Disease

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammner, Jr.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Sept. 10, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Black Rock Cem.

24D. LOCATION (City, town, or county)

Baltimore Co.

DATE RECEIVED BY  
LOCAL REGISTRAR

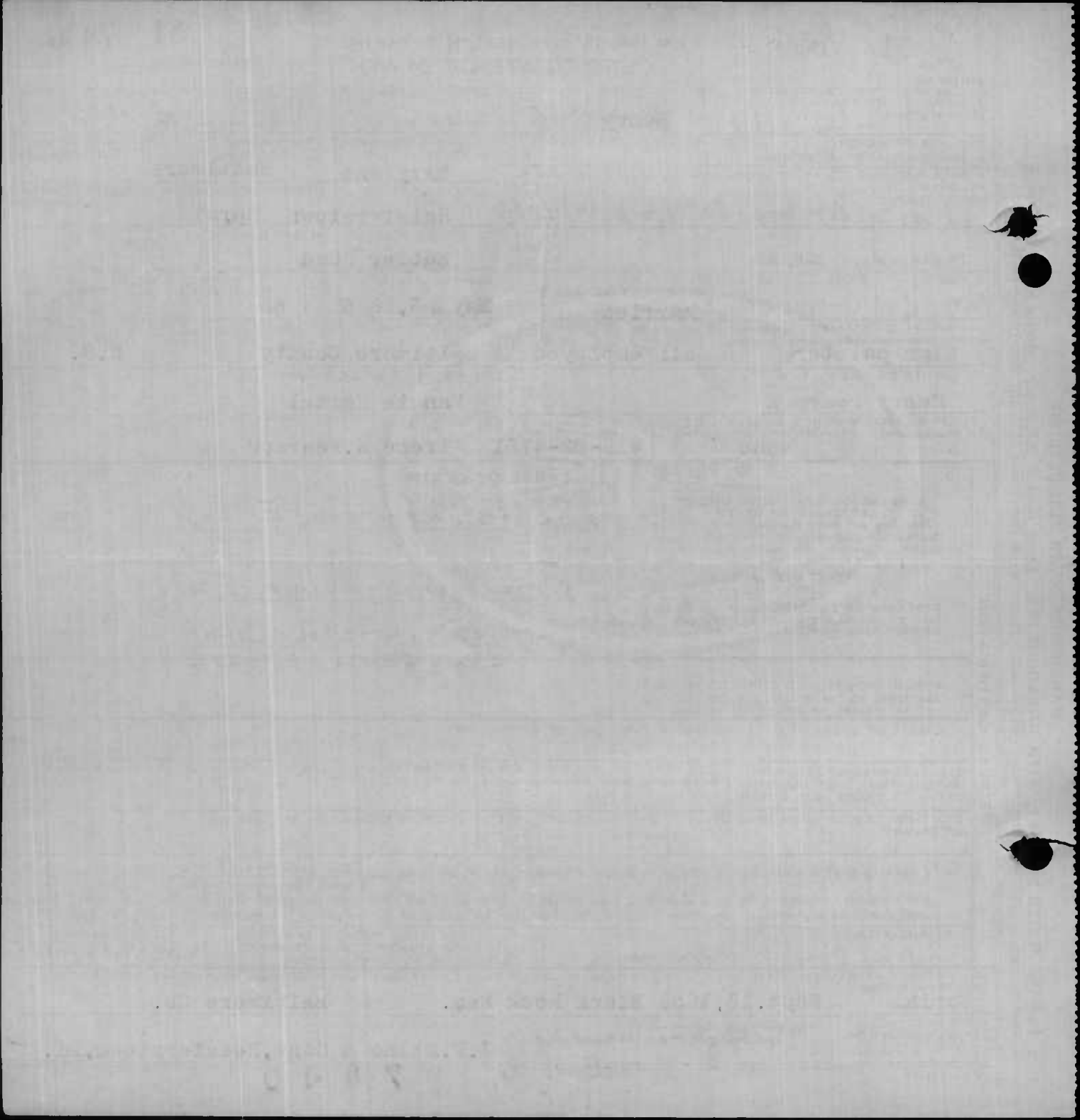
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J.F. Eline &amp; Sons, Reisterstown, Md.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MAURICE A. WENTZ</b>		2. DATE OF DEATH <b>Sept. 10, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1802 E. 31st St.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>1802 E. 31st St.</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		5. AGE (In years last birthday) <b>72</b> If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Feb. 12, 1879</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Fruit Plantation</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John M. Wentz</b>		14. MOTHER'S MAIDEN NAME <b>Annie J. Anderson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mr. A. A. Wentz - 1802 E. 31st St.</b>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of larynx</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Sept. 10, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of larynx</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 1951</b> to <b>Sept. 10, 1951</b> , that I last saw the deceased alive on <b>Sept. 10, 1951</b> , and that death occurred at <b>1:15 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Wm. H. Lickner</b>		23B. ADDRESS <b>1520 E. 33rd St.</b>		23C. DATE SIGNED <b>9.11.51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/12/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Lickner &amp; Sons - Balt</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 11 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Lickner</b>			

VS 150

152318-7841

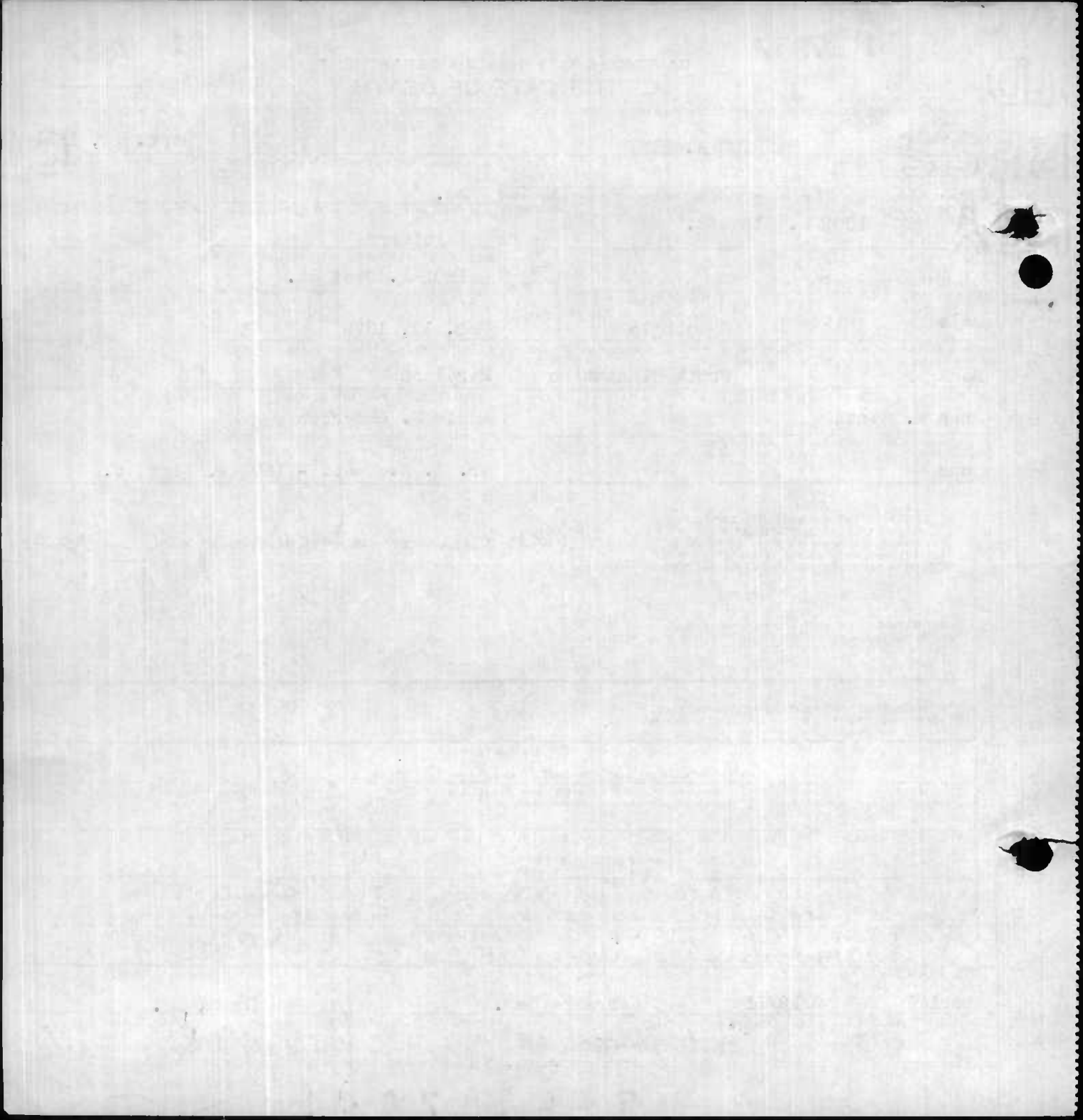
47a Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





51 7858

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7858

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Howard V. Jennings, Jr.

2. DATE  
OF  
DEATH

9-9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-02

D. STREET ADDRESS (If rural, give location)

2210 Linden Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 4, 1890

9. AGE (in years  
last birthday)

61

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Greenhouse worker

10B. KIND OF BUSINESS OR  
INDUSTRY

City Park

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Jennings

14. MOTHER'S MAIDEN NAME

Anna Schubbard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

10

16. SOCIAL  
SECURITY NO.  
215-03-8491

17. INFORMANT

Mrs. Marie A. Jennings - Long Point, Pasadena, Ma.

ADDRESS

18. H10X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Acute Pulmonary Edema

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Rheumatic Cardiac Disease

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1951, to 9/9, 1951, that I last saw the  
deceased alive on 9/9, 1951, and that death occurred at 9:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. Jones

M. O.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

9/9/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

9/12/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1951

VS 150

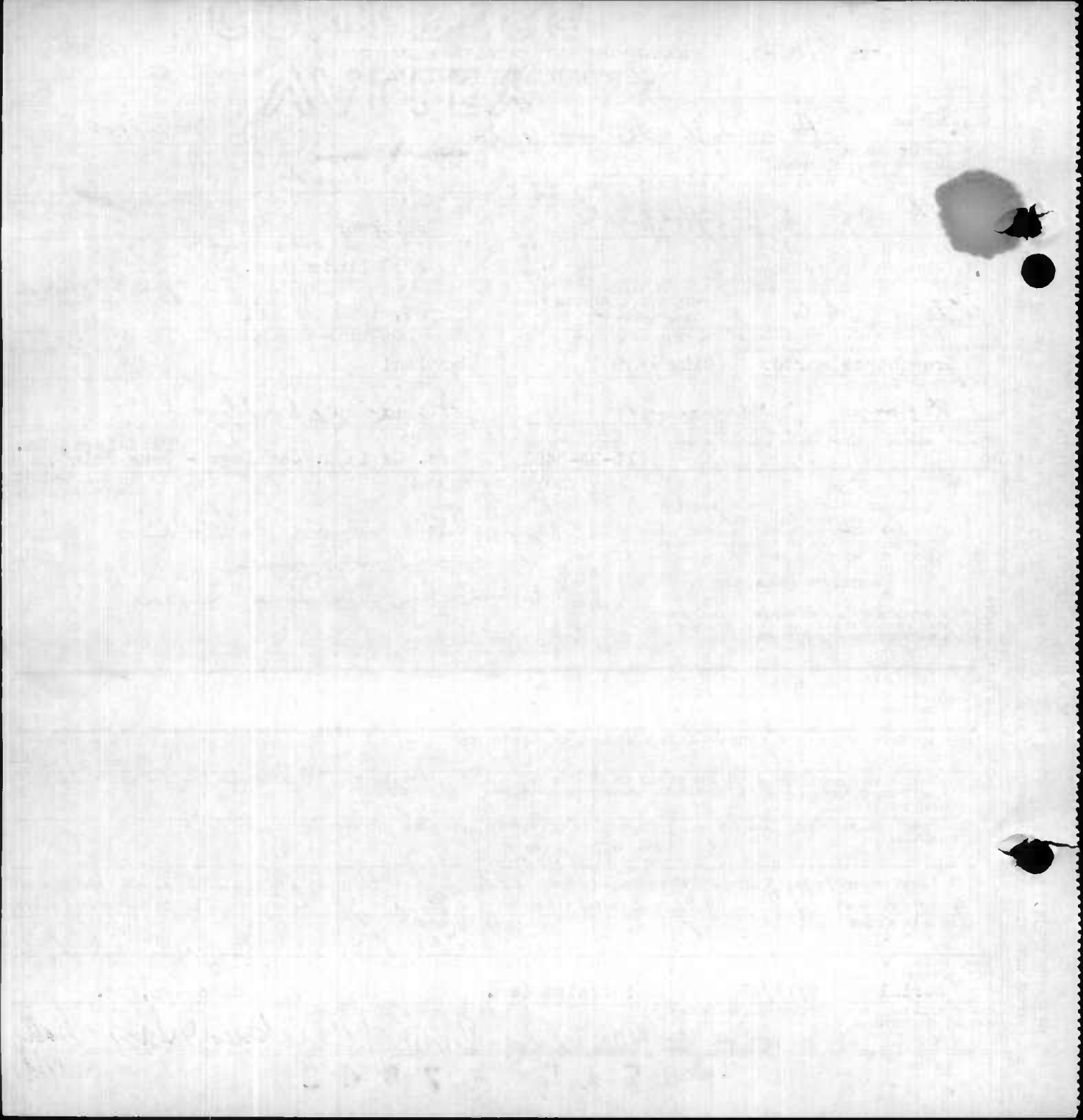
Wm. J. Lickner &amp; Sons - Balt.

Wm. J. Lickner &amp; Sons - Balt.

Md.

10-5-828-937812

92B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

51 7859

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

SALLIE WATSON DRESSEN

2. DATE  
OF  
DEATH

Sept. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

3046 Abell Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

3046 Abell Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Aug. 16, 1875

9. AGE (In years last birthday)

76

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Edward Watson

14. MOTHER'S MAIDEN NAME

Frances Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Miss Gladys B. Dressen-3046 Abell Ave.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

5-6 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7/51, to 9/10, 1951, that I last saw the deceased alive on 9/25, 1951 and that death occurred at 2:55 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

9/12/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1951

William Williams, M.D.

Wm. J. Dickner & Sons-

VS 150

1951 0007643 50 Balto, Md.

THE UNIVERSITY OF CHICAGO  
LIBRARY

100 HALL

CHICAGO, ILL.

1900

100 HALL

CHICAGO, ILL.

1900

100 HALL

CHICAGO, ILL.

1900

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CHICAGO, ILL.

1900

100 HALL

CHICAGO, ILL.

1900

100 HALL

CHICAGO, ILL.

1900

100 HALL

CHICAGO, ILL.

1900

100 HALL

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)*Irvin Greenbaum*2. DATE  
OF  
DEATH*9-10-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE*Maryland*

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)*Union Memorial Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)*Baltimore*

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

*Esplanade Apts*

5. SEX

*M*

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Apr 18, 1898*9. AGE (In years  
last birthday)*73*

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Mfg Clothing*10B. KIND OF BUSINESS OR  
INDUSTRY*Clothing*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF  
WHAT COUNTRY?*U. S.*

13. FATHER'S NAME

*Daniel Greenbaum*

14. MOTHER'S MAIDEN NAME

*Frances Rosenbaum*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.  
*215-10-7945*

17. INFORMANT

ADDRESS

*Mr. Lawrence Greenbaum-Esplanade Apts.*

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

*Acute Bronchopneumonia*

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 9, 1951* to *Sept 10, 1951*, that I last saw the  
deceased alive on *Sept 10, 1951*, and that death occurred at *4:15 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

*James A. Fore*

23B. ADDRESS

*Union Memorial Hosp*

23C. DATE SIGNED

*9-10-51*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*9/12/51*

24C. NAME OF CEMETERY OR CREMATORY

*Balto. Hebrew Cem.*

24D. LOCATION (City, town, or county)

*Balto., Md.*DATE RECEIVED BY  
LOCAL REGISTRAR*SEP 11 1951*

REGISTRAR'S SIGNATURE

*Christington Williams, M.D.*

25. FUNERAL DIRECTOR

*Wm. J. Dickener & Sons*

ADDRESS





B-200 51 7861

51 7861

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Emma C. Boss

2. DATE  
OF  
DEATH

9.8.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
829 N. Hilton Ave

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 8, 1876

9. AGE (In years  
last birthday)

75

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, when retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Herman Schroeder

14. MOTHER'S MAIDEN NAME

Bertha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Milton E. Boss, Sr. -3224 Chesterfield Ave.

18.

446X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Nephrosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized arteriosclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

4 years

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949 to Sept 8, 1951 that I last saw the deceased alive on Sept 8, 1951, and that death occurred at 4:52 m., from the causes and on the date stated above.

23A. SIGNATURE

Israel Rosen

23B. ADDRESS

2413 E. Monument St

23C. DATE SIGNED

9/10/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/12/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 11 1951

REGISTRAR'S SIGNATURE

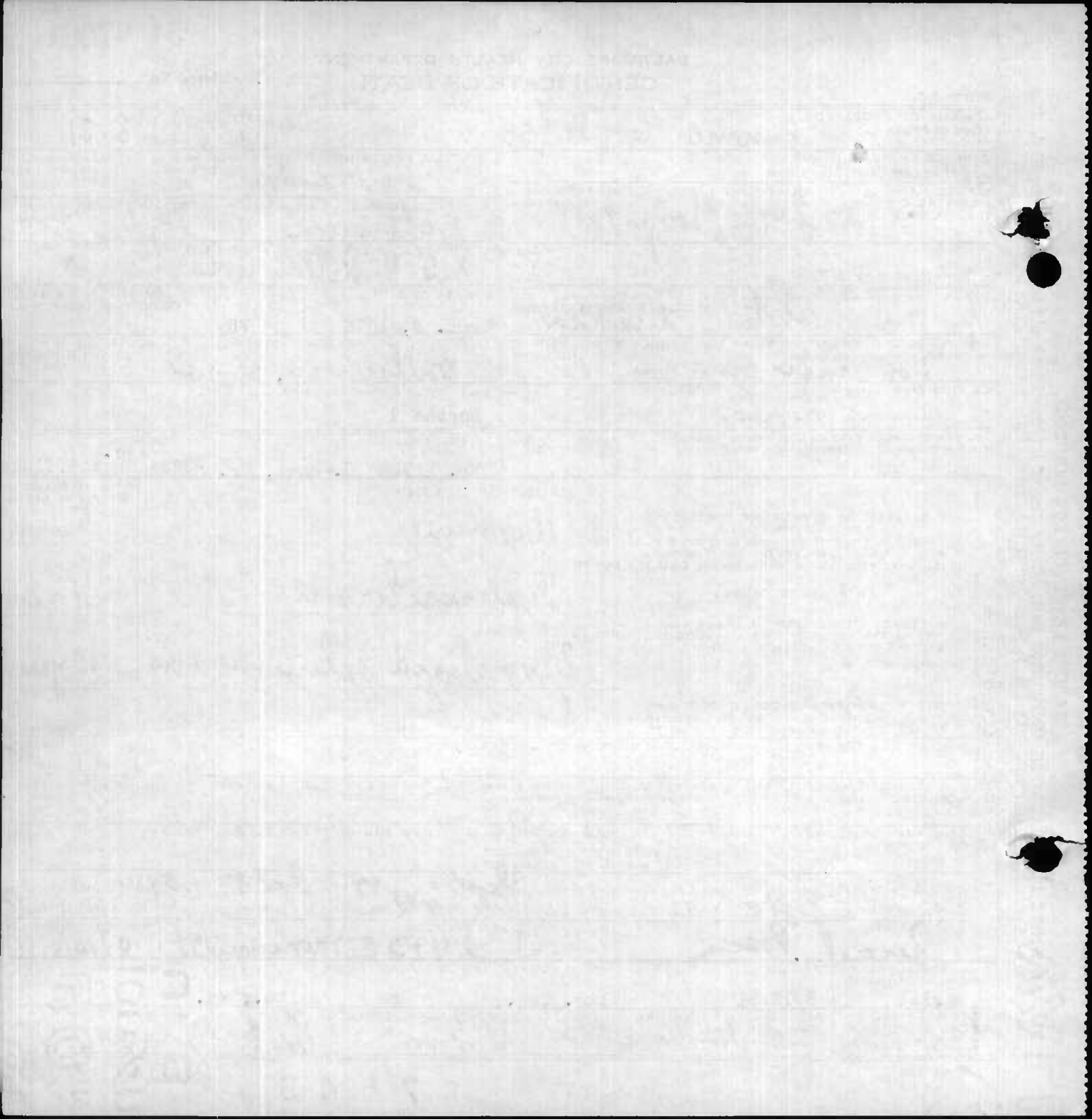
Huntington Williams, Md.

25. FUNERAL DIRECTOR

Wm. F. Dickener &amp; Sons.

ADDRESS

Balto., Md.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7862

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH VOLPE

2. DATE  
OF  
DEATH

9.10.51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Sinner Hospital

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

4630 Reisterstown Rd. #15

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

B. DATE OF BIRTH

Jan. 14, 1879

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Hairdresser

10B. KIND OF BUSINESS OR  
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Volpe

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS Rd.

Mr. Salvatore Volpe - 4630 Reisterstown

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Diffuse carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE. (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of the body of the  
pancreas

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.20, 1951, to 9.10, 1951, that I last saw the  
deceased alive on 9.10, 1951, and that death occurred at 4.15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Belhelms

M. O.

23B. ADDRESS

Sinner Hospital

23C. DATE SIGNED

9.10.51.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/13/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto. Co., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 11 1951

REGISTRAR'S SIGNATURE

William H. Williams

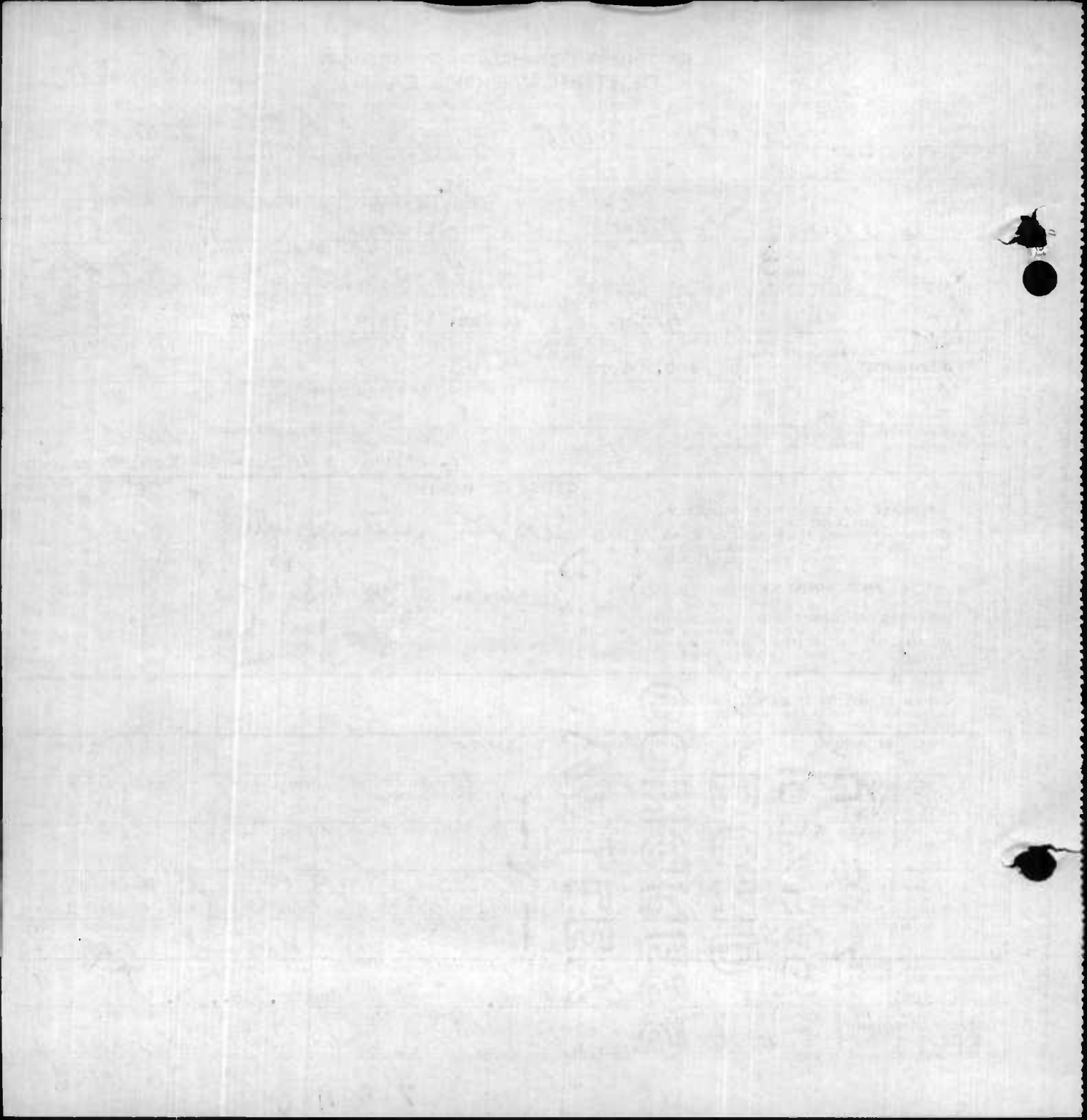
25. FUNERAL DIRECTOR

Jm. J. Dickener &amp; Sons

ADDRESS

VS 150

5740 Gc 7 8 468 Balto. Md.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED *Adams*  
(Type or Print) *John / Riccs*2. DATE  
OF DEATH *9.10.51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *Maryland* B. COUNTY *Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION *Maryland General Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Catonsville*

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)  
*117 Ingleside Ave. 5300*

5. SEX

*male*

6. COLOR OR RACE

*white*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*widowed*

8. DATE OF BIRTH

*Dec. 9. 1865*

9. AGE (In years last birthday)

*85*

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Druggist (rtd)*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Id.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*John / Riccs Sr.*

14. MOTHER'S MAIDEN NAME

*Annice Hutton*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or oookoo) (If yes, give war or dates of service)

*no*

16. SOCIAL SECURITY NO.

*no*

17. INFORMANT

*Mr. J. Hutton Riggs - 50 Columbus St.*

ADDRESS

18. *444X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Uremia*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

*Hypertension*

(C)

INTERVAL BETWEEN ONSET AND DEATH

*1 day*  
*1 year*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9.3.51*, 19*51*, to *9.10*, 19*51*, that I last saw the deceased alive on *9.10*, 19*51*, and that death occurred at *11:30* a. m., from the causes and on the date stated above.

23A. SIGNATURE

*Anthony C. Keene M.D.*

23B. ADDRESS

*Maryland General Hospital*

23C. DATE SIGNED

*9.10.51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9/12/51*

24C. NAME OF CEMETERY OR CREMATORY

*St. Johns Churchyard*

24D. LOCATION (City, town, or county)

*Olney, Md.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Wilmington Williams, M.D.*

25. FUNERAL DIRECTOR

*Wm. J. Tichenor & Sons*

ADDRESS

*Balto, Md.*

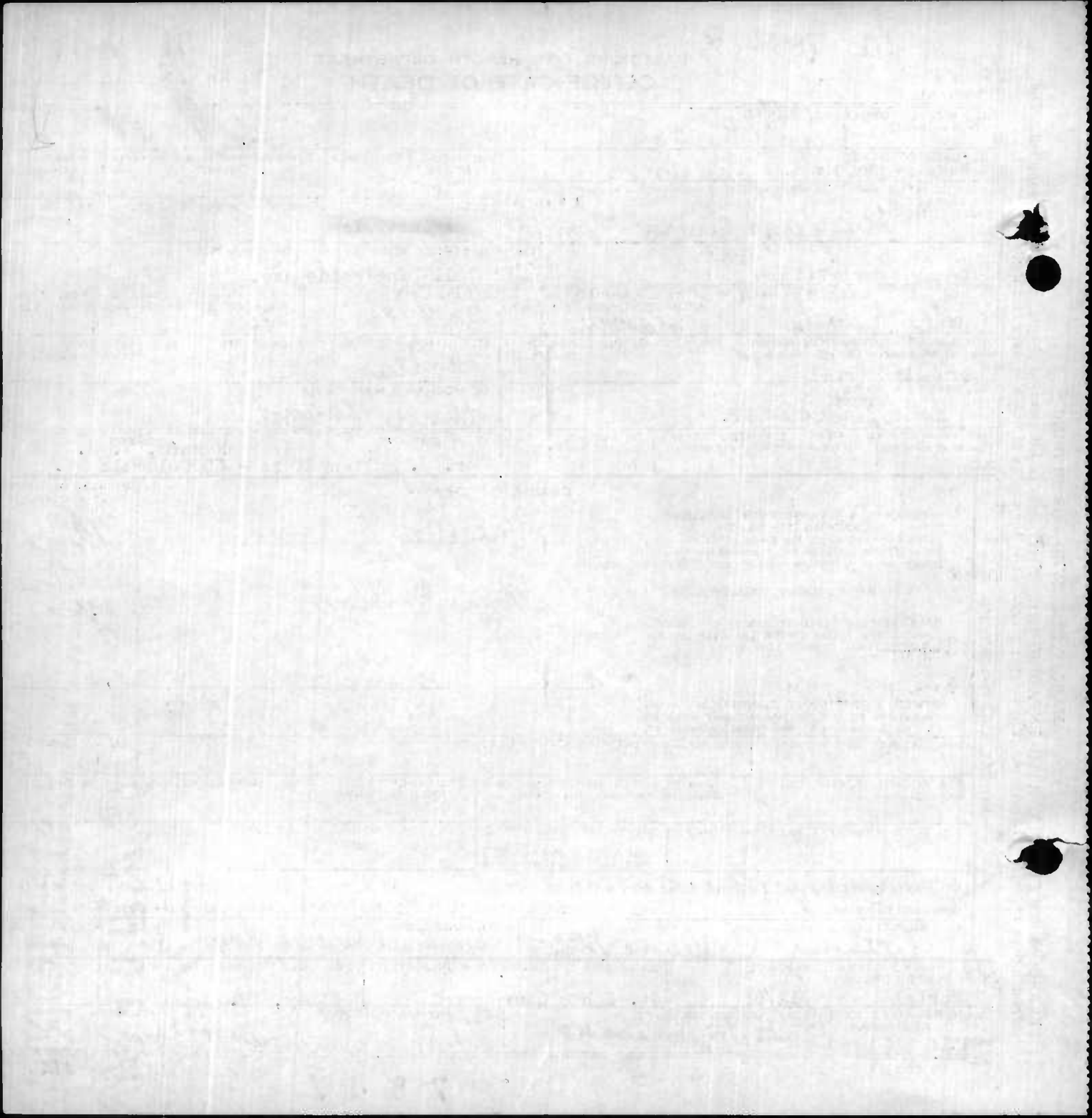
SEP 11 1951

VS 150

17510007847

102





BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6-1951 to 9-10-1951 that I last saw the  
deceased alive on 9-10-1951 and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1951

VS 150

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7864  
51-14676-

51 7864

Francine Stokes

Sept. 10, 1951

Ped. H &amp; L 104 W

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived if institution: residence  
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1516 N. Caroline St.

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6-1951 to 9-10-1951 that I last saw the  
deceased alive on 9-10-1951 and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

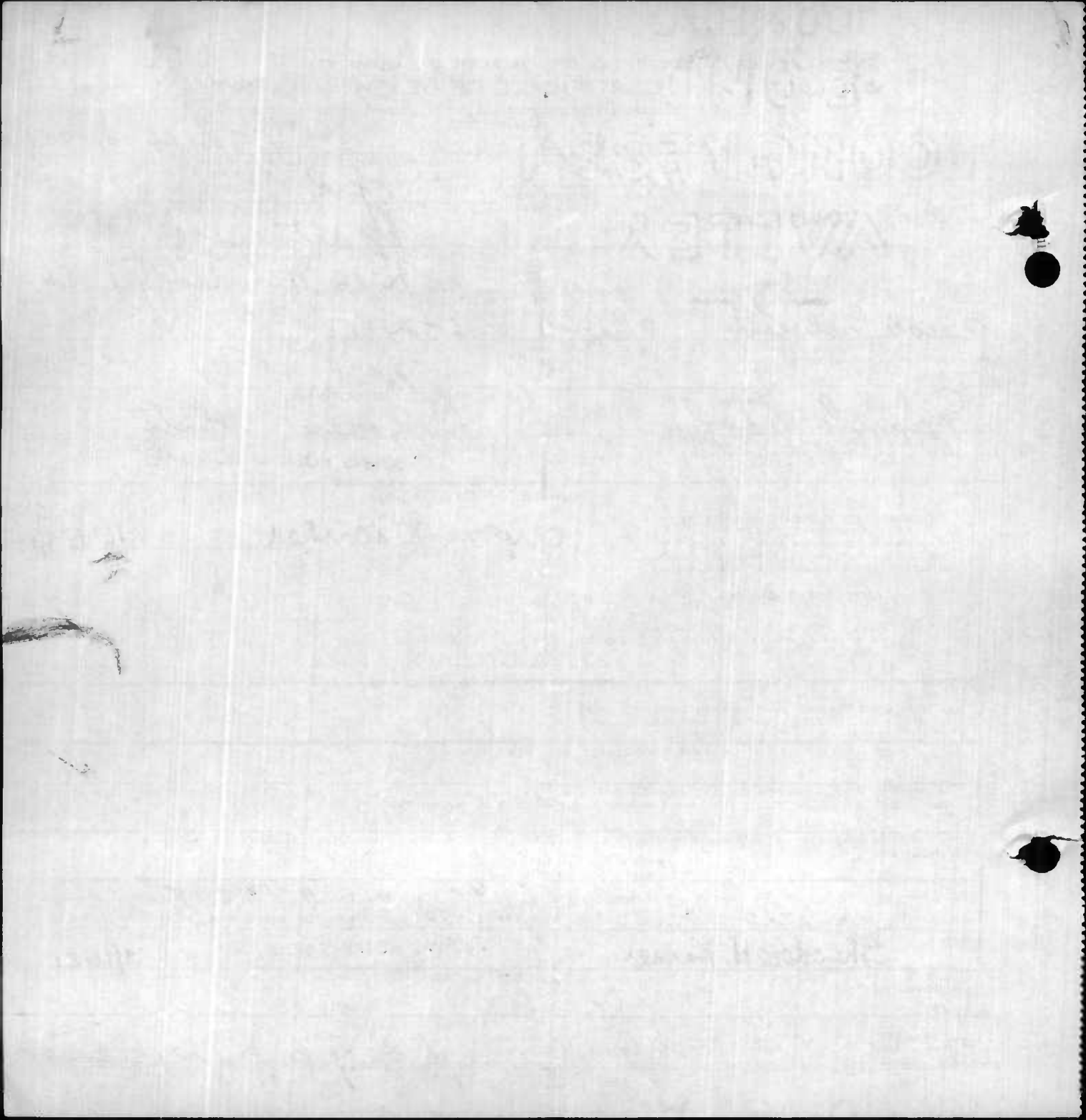
25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1951

VS 150

119a



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

52 51 7865

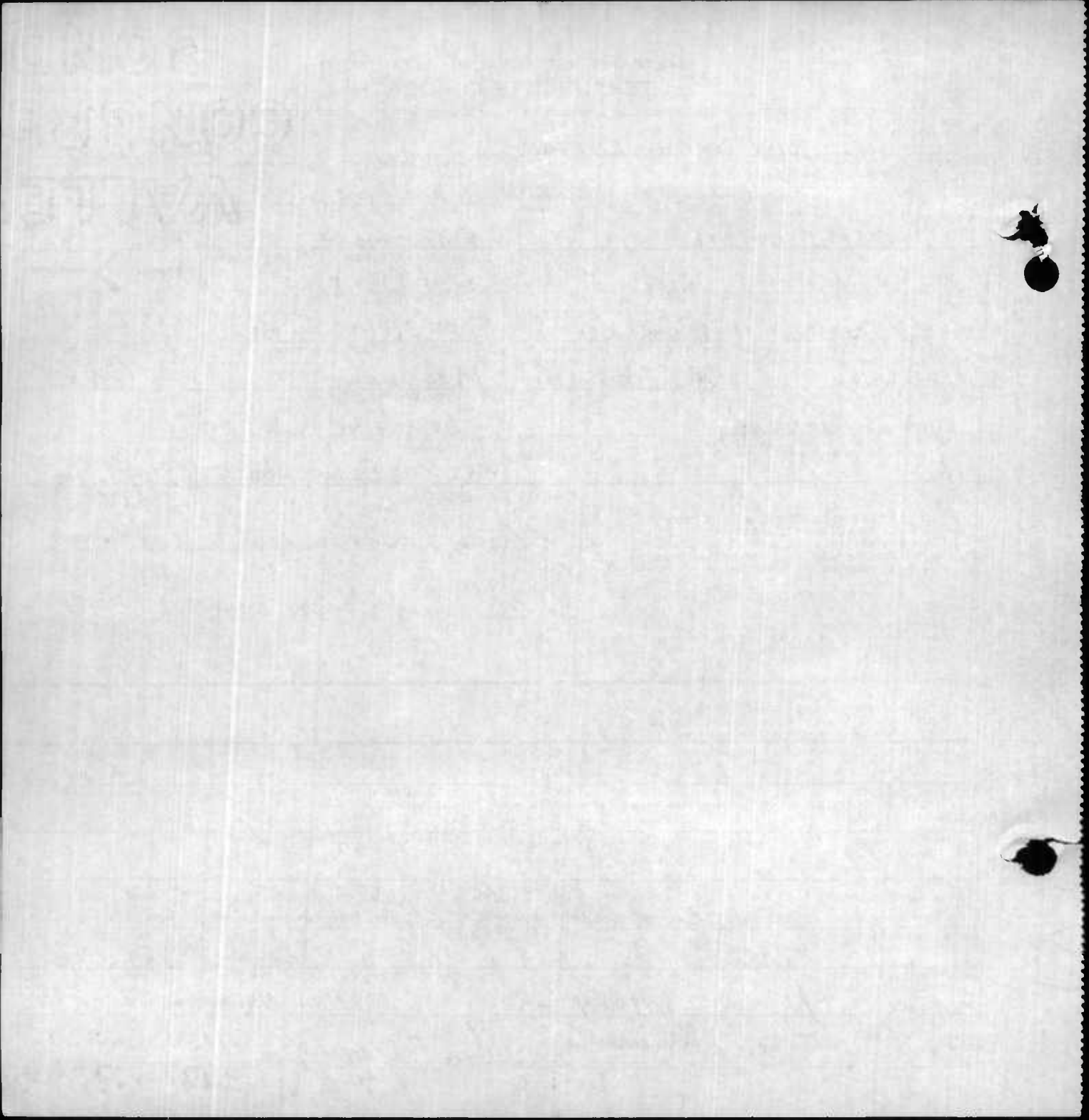
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7865

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>JOHN SMITH JENKINS, JR.</b>		2. DATE OF DEATH <b>SEPT. 9, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>1801 BELT ST.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>			
6. Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>1801 BELT ST.</b>			
7. SEX <b>MALE</b>	8. COLOR OR RACE <b>WHITE</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	10. DATE OF BIRTH <b>SEPT 3, 1905</b>	11. AGE (In years last birthday) <b>46</b>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FIREMAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>B.O. RAILROAD</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>JOHN S. JENKINS, SR.</b>		14. MOTHER'S MAIDEN NAME <b>CATHERINE DALEY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>MRS. MAE DELASHMUTT 1801 BELT ST. BALTO. 30</b>	
18. <b>002 X</b> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) <b>Chronic Edema</b>					
DUE TO					
(B) <b>Pulmonary Phlebotomy</b>					
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 12, 1950</b> , to <b>Sept 9, 1951</b> , that I last saw the deceased alive on <b>Sept 9, 1951</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>W. H. Mellett, M.D.</b>		23B. ADDRESS <b>1279 Melham St.</b>		23C. DATE SIGNED <b>9/10/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>9/12/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS</b>	
24D. LOCATION (City, town, or county) (State) <b>ANNE ARUNDEL Co. MD.</b>					
25. FUNERAL DIRECTOR <b>JOHN F. DENNY, INC.</b>		ADDRESS <b>715 LIGHT ST. BALTO. 30, MD.</b>			

542 58 7 8/31/50





51 7866

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7866

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM FRANKLIN THOMAS

2. DATE  
OF  
DEATH

SEPT. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

SOUTH BALTO. HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

512 E. CLEMENT ST.

c. Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV. 18, 1905

9. AGE (In years  
last birthday)

45

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

WELDER

10B. KIND OF BUSINESS OR  
INDUSTRY

BULK LINE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE D. THOMAS

STEADSHIP

14. MOTHER'S MAIDEN NAME

CARRIE REBSTOCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MADELINE THOMAS 512 E. CLEMENT ST.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

1 yr.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 7-1, 1951, to 9-9, 1951 that I last saw the  
deceased alive on 9-8, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Solled

M. D.

23B. ADDRESS

707 E. Fort Ave.

23C. DATE SIGNED

9-11-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/13/51

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county) (State)

ANNE ARUNDEL Co., MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEPT 11 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 LIGHT ST.

VS 150

6A583078940 BALTO., 30, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W. B. D. & C.  
COTTON  
W. B. D. & C.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7867  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edmund McCaffray, Sr.

2. DATE  
OF  
DEATH

9/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1903 South Road, Mt. Washington

C. CITY OR TOWN (If outside corporate limits, write FULL name, and give township)

Baltimore

c. Length of stay in Baltimore

74

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1903 South Road, Mt. Washington

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

About

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Manufacturer

10B. KIND OF BUSINESS OR  
INDUSTRY

Broom Machine Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George McCaffray

14. MOTHER'S MAIDEN NAME

Susan Connolly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edmund McCaffray, Jr. 1903 South Road

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/10/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1951

VS 150

29037851

124B



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7868  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY VERNON KIRBY

2. DATE  
OF  
DEATH

9-9-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

645 BARTLETT AVE

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

B. COUNTY BALTO

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO - MD. 9-08

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

645 BARTLETT AVE.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 15-1875 76

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

PRINTER

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

SAINT-MICHAELS MD.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES KIRBY

14. MOTHER'S MAIDEN NAME

UNKNOWN-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MARY A. KIRBY

18.

42001

CAUSE OF DEATH 645 BARTLETT AVE

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from July 1950, to Sept 8, 1957, that I last saw the deceased alive on 7-8, 1957, and that death occurred 4:30 P. M. from the causes and on the date stated above.

23A. SIGNATURE

James Q. Ford

M. O.

23B. ADDRESS

Union Memorial Hosp.

23. DATE SIGNED

9-11-57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT-12-51

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county) (State)

BALTO - MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 11 1951

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

MAMIE COOK SYFER-

VS 150

19510 / 609 W. NORTH AVE. 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING  
MEDICAL CERTIFICATION





CERTIFICATE CORRECTED 9/25/51 ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 7869

BIRTH NO. 436 7869

## 1. NAME OF DECEASED

(Type or print)

Catherine Slattery

## 2. DATE OF DEATH

9/9/51

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Agnes

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

1017 Valley St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days1. SEX  
Female6. COLOR OR RACE  
White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

## 8. DATE OF BIRTH

8-22-1864

9. AGE (in years last birthday)

87 yrs.

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (State or foreign country)

Maryland

## 12. CITIZEN OF WHAT COUNTRY?

## 13. FATHER'S NAME

William Slattery

## 14. MOTHER'S MAIDEN NAME

Catherine

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

## 17. INFORMANT

## ADDRESS

Mrs. Wm. C. Gay 5506 Northwood Dr.

18. 153X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Generalized Carcinomatosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Possible carcinoma of cecum

(over)

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterioscl. Cardio. Vasc. Disease

## 19A. DATE OF OPERATION

## 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from April 25, 1951, to Sept 10, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9-12-1951

St. Francis

Abbington

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1951

Lutington Williams, M.D.

John A. Moran

3000 E. Baltimore St.

VS 150

1951 0007853

46E

MEDICAL CERTIFICATION

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.



See Document File 51-7869

9/25/51 ES



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>GRACE TAYLOR</b>			2. DATE OF DEATH <b>SEPT 9, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>2406 MARYLAND AVE</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>5/1/32</b>	9. AGE (in years last birthday) <b>19</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailoring</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Philip Dupkin &amp; Sons Clothing (Inc)</b>		11. BIRTHPLACE (State or foreign country) <b>Balto., Md.</b>	
13. FATHER'S NAME <b>Marlin Rhoads</b>			12. CITIZEN OF WHAT COUNTRY? _____		
14. MOTHER'S MAIDEN NAME <b>Clara Margaret Miller</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS <b>Dorcas Taylor 2406 Md. Ave</b>		

<p>18. <b>57021</b></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</p> <p>CAUSE OF DEATH <b>GANGRENE SMALL INTESTINE</b></p> <p>(A) _____ DUE TO _____</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>(B) <b>MESENTERIC VEIN THROMBOSIS</b> DUE TO _____</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH <b>5</b></p>
---	--

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>9/8/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>GANGRENE SMALL INTESTINE</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>SEPT 8, 1951</b> to <b>SEPT 9, 1951</b> that I last saw the deceased alive on <b>SEPT 9, 1951</b> and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Everett Withen</b>		23B. ADDRESS <b>Sinai Hospital</b>		23C. DATE SIGNED <b>9/9/51</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>9/12/51</b>		24C. NAME OF CEMETERY <b>BALTIMORE</b>		24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 11 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. C. Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. C. Williams, M.D.</b>		ADDRESS <b>11217 ST. PAUL ST.</b>	

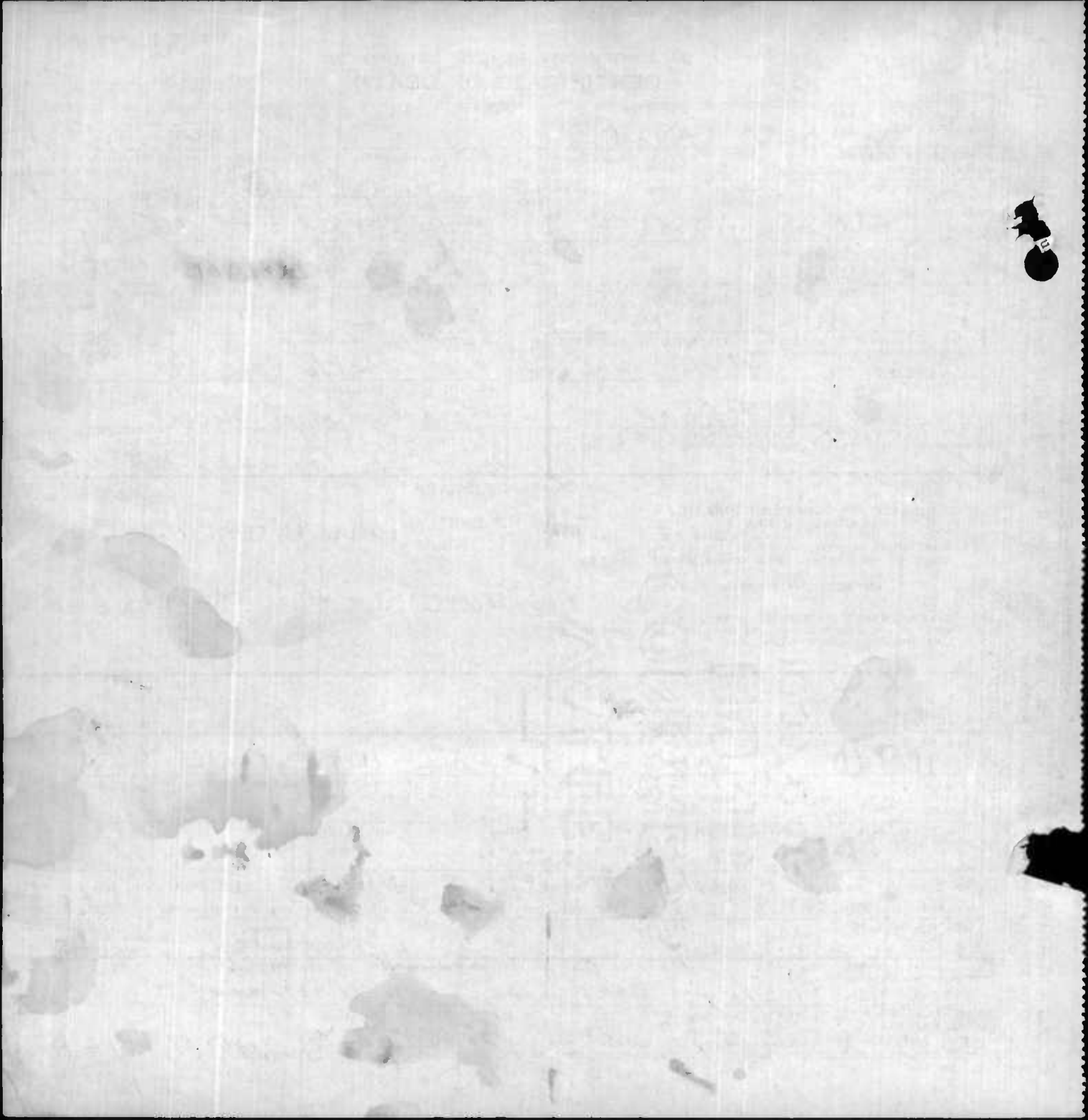
VS 150

**59046**

**100 B**

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7871

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Frank Wilson

2. DATE  
OF  
DEATH

September 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

2020 St. Paul Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2020 St. Paul Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 1883

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Sheet Metal Worker

10B. KIND OF BUSINESS OR  
INDUSTRY

Glen L. Martin Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

C. Wilson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

George Wilson, 4100 Fleetwood Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Sept 9th, 1951, that I last saw the  
deceased alive on Sept 9, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John E. Hutchins

M. D.

23B. ADDRESS

236 E. University Park

23C. DATE SIGNED

Sept 10-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

9/13/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

425 599 BT 7 8 5 5

937



VALLEY  
COUNCIL  
RECORD



PLEASE WRITE correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7872

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary F. Winston

2. DATE  
OF  
DEATH

September 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

Frederick

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Windsor Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Frederick

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

6011

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Sept. 29, 1867

9. AGE (In years  
last birthday)

83

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Frederick, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph H. Lewis

14. MOTHER'S MAIDEN NAME

Mary E. Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. M. W. Sharretts, 2319 Ellamont Ave.

18. 331X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Advanced arteriosclerosis & paralysis  
of extremities

DUE TO

(B) Advanced arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

14 days

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1951, to Sep 9, 1951, that I last saw the  
deceased alive on Sep 9, 1951, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter D. Smith

M. D.

23B. ADDRESS

2220 Garrison Blvd

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

9/12/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 11 1951

Walter D. Smith

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

83a



23rd Feb 1915

under the name of the  
of the United States  
of the United States

VALLEY  
CONGRESS  
AND  
OFFICE

of the United States  
of the United States

of the United States  
of the United States

C-523  
P-1264  
7873

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7873

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Constatino, Pasqualina Constatino-Picarello</i>			2. DATE OF DEATH <i>9/10/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>504</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Franklin Square Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Brooklyn</i>		
5. Length of stay in Baltimore <i>55 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>3817 3rd St.</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>separated</i>	8. DATE OF BIRTH <i>March 4, 1881</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		
11. BIRTHPLACE (State or foreign country) <i>Italy</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Carullo Carmen Carullo</i>			14. MOTHER'S MAIDEN NAME <i>Theresa unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>		
17. INFORMANT <i>Mrs. Theresa Martin, dght, above</i>			ADDRESS		

18. <i>560.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cordia. Decomposition</i>	CAUSE OF DEATH (A) <i>Cordia. Decomposition</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Myocardial failure</i>	(B) <i>Myocardial failure</i> DUE TO	<i>5 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pulmonary embolism</i>	(C) <i>Pulmonary embolism</i> DUE TO	<i>6 days</i>

19A. DATE OF OPERATION <i>9-6-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Control Hernia</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>9-6-51</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/3</i> 1951, to <i>9/10</i> , 1951, that I last saw the deceased alive on <i>9/10</i> , 1951, and that death occurred at <i>4:50</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert G. Chamber</i>		23B. ADDRESS <i>Franklin Square Hosp.</i>		23C. DATE SIGNED <i>9/10/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/13/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		24E. LOCATION (City, town, or county) (State) <i>4430 Belair Rd.</i>		24F. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 11 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>		25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i>	
25. FUNERAL DIRECTOR <i>2601-3-5 E. Madison St.</i>		ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7874

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7874  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM ERBIN SOUDERS

2. DATE  
OF DEATH Sept. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3716 E. Lombard St.,

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3716 E. Lombard St.

c. Length of stay in Baltimore Lifetime

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

March 5, 1892

9. AGE (In years  
last birthday)

59

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Veneer dryer

10B. KIND OF BUSINESS OR  
INDUSTRY

Veneer factory

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George W. Souders

(M)

14. MOTHER'S MAIDEN NAME

Clara L. Metzger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)

Yes

W.W.I.I

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Katie Sullivan 506 N. Bouldin St.

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Secondary Anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21-50, 19, to 9-10-51, 19, that I last saw the  
deceased alive on 9-8-51, 19, and that death occurred at 12 noon m., from the causes and on the date stated above.

23A. SIGNATURE

John Constantine

M. D.

23B. ADDRESS

234 S. Conkling St.

23C. DATE SIGNED

9-11-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Colgate, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

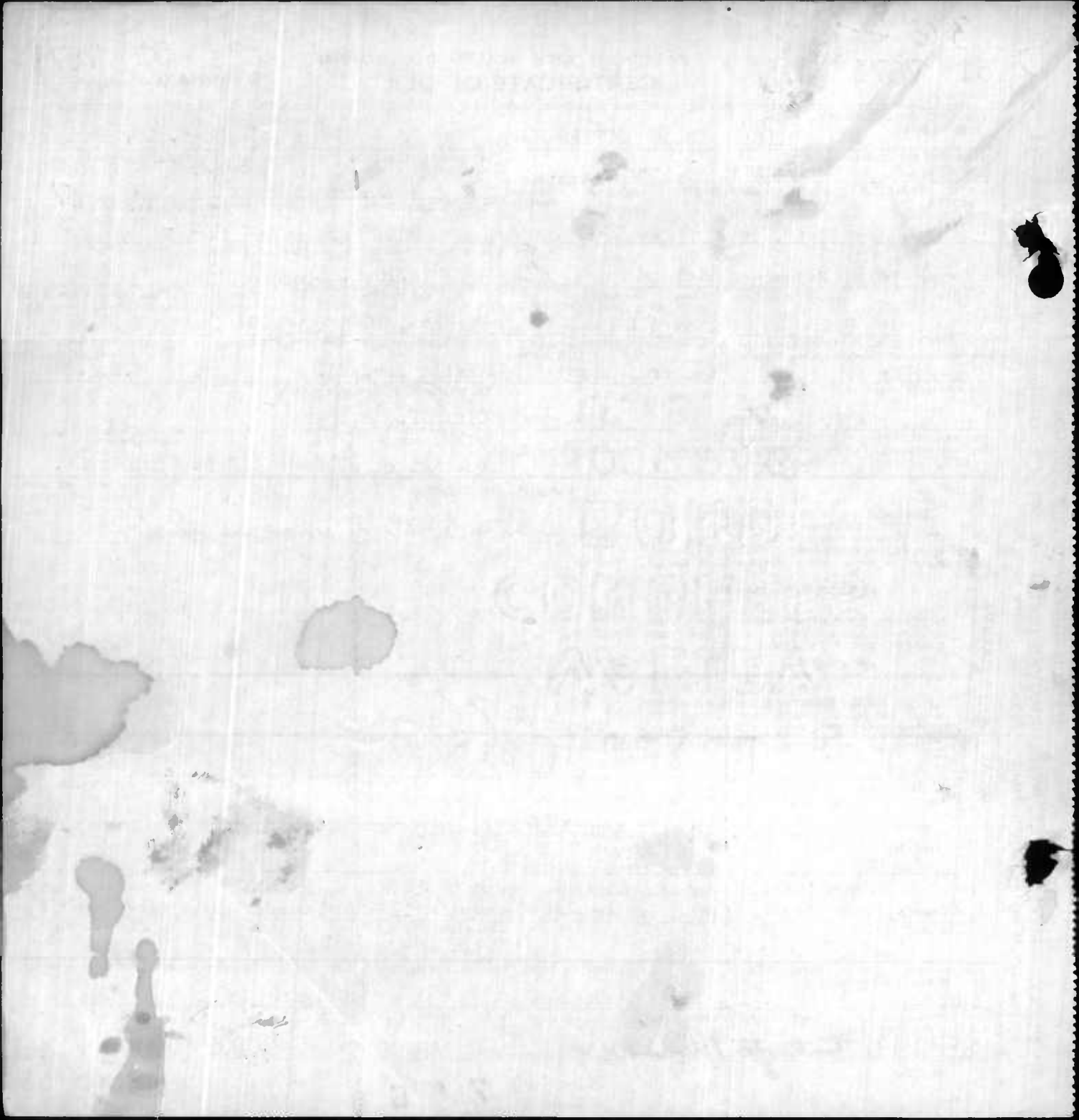
REGISTRAR'S SIGNATURE

SEP 11 1951

25. FUNERAL DIRECTOR

ADDRESS

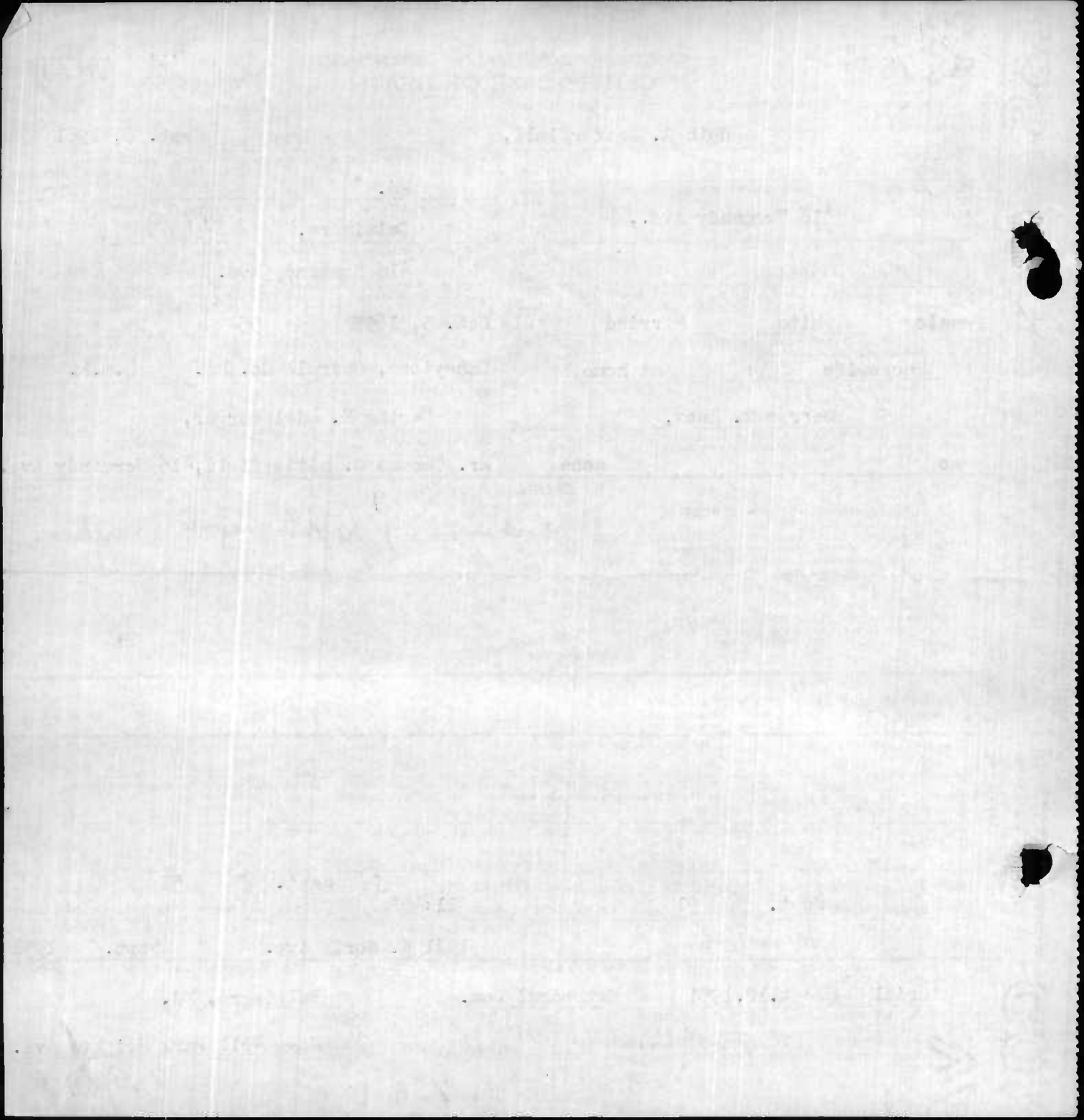
Ullrich Funeral Home 2008 Orleans St.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7875

BIRTH NO. <u>361</u> <u>51 7875</u>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <u>51 7875</u>	
1. NAME OF DECEASED (Type or Print) <b>Ruth A. Satterfield,</b>			2. DATE OF DEATH <b>Sept. 8, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>416 Normandy Ave.,</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore,</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>416 Normandy Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 3, 1895</b>	9. AGE (In years last birthday) <b>55</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Taneytown, Carroll Co. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>George E. Knox,</b>			14. MOTHER'S MAIDEN NAME <b>Martha E. Adelsberger,</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT ADDRESS <b>Mr. Thomas C. Satterfield, 416 Normandy Ave.</b>		
18. <b>175X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Left Breast</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 1, 1951</b> to <b>Sept. 8, 1951</b> , that I last saw the deceased alive on <b>Sept. 8, 1951</b> and that death occurred at <b>11:40 P. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Harry Ashman</b> M. O.		23B. ADDRESS <b>1921 W. North Ave.</b>		23C. DATE SIGNED <b>Sept. 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 12, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 11 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Lo. Vernon Lemmon, 4611 Park Heights Ave.</b>		





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7876**

BIRTH NO. **51 361 7876**

1. NAME OF DECEASED (Type or Print) <b>FRANK VANTROBA (Watroba)</b>			2. DATE OF DEATH <b>Sept. 10, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>25 South Castle Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 5, 1988</b>	9. AGE (In years last birthday) <b>63</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Helper</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Cooperative Mills Inc. Poland</b>		11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME <b>John Watroba</b>			14. MOTHER'S MAIDEN NAME <b>Sophie Pietrasz</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>215-03-8857</b>		
17. INFORMANT			ADDRESS <b>Theresa Wrzesien - 25 S. Castle St.</b>		

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>9-11-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>SEPT 13, 1951</b>	24C. NAME OF CEMETERY <b>ST. STANISLAUS</b>	24D. LOCATION (City, town, or county) (State) <b>1300 Dundalk Ave Balto, Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 11 1951</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <b>George Q Weber</b>		ADDRESS <b>705 S Penn St</b>	

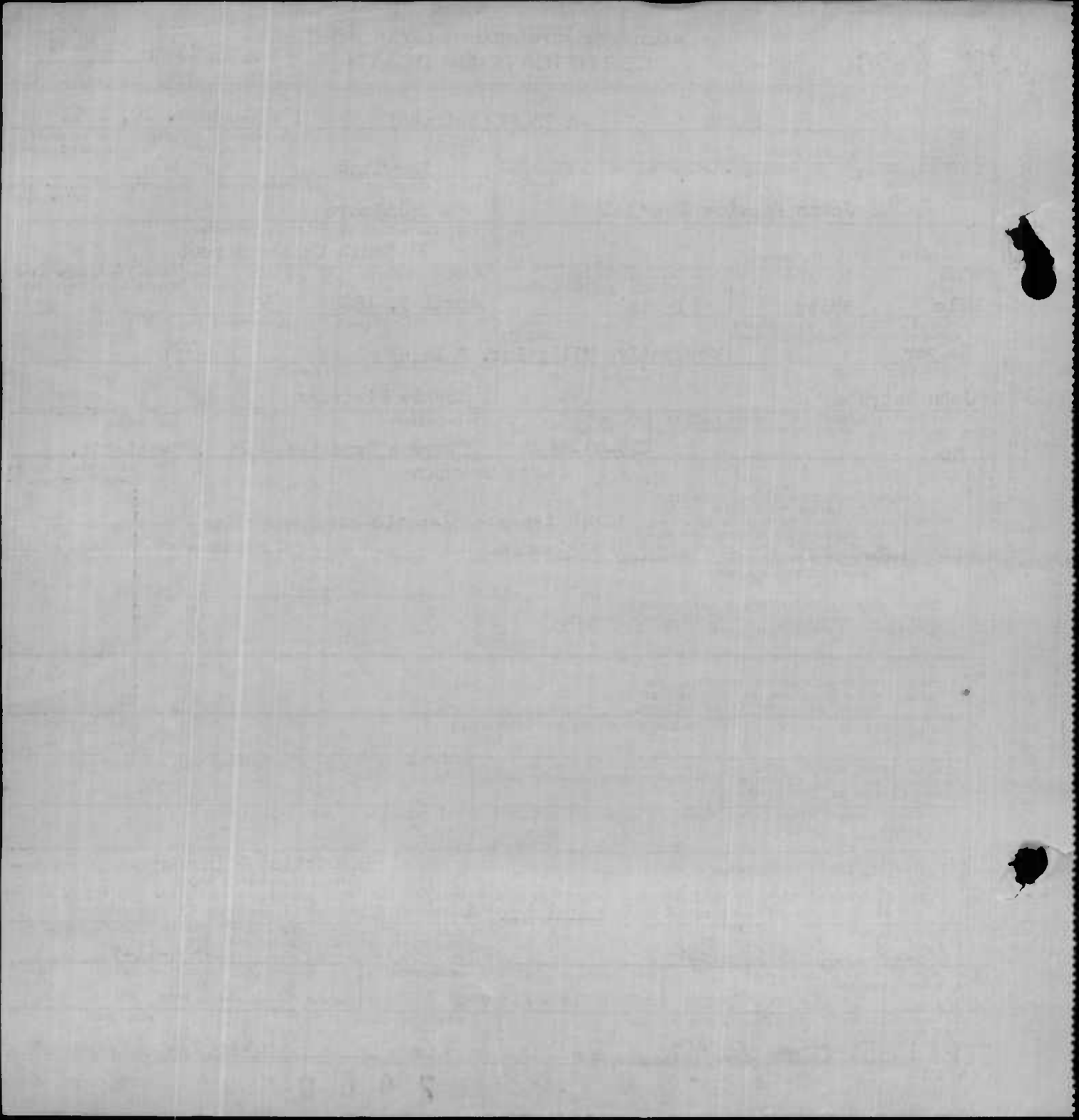
V S 151

650437860

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH- CITY <u>BALTIMORE CITY</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>A.A</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN <u>RIVIERA BEACH</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>COLONIAL NURSING HOME 4606 S. FREDERICK RD</u>		STREET ADDRESS (If rural, give location) <u>5200</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
(First) <u>HENRY</u> (Middle) <u>OSCAR</u> (Last) <u>BECKHAM</u>		<u>Sept.</u> <u>10</u> <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug. 7, 1890</u>
9. AGE last birthday <u>71</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>N.C.</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>DEWEY BECKHAM RIVIERA BEACH</u>	

### 18. MEDICAL CERTIFICATION

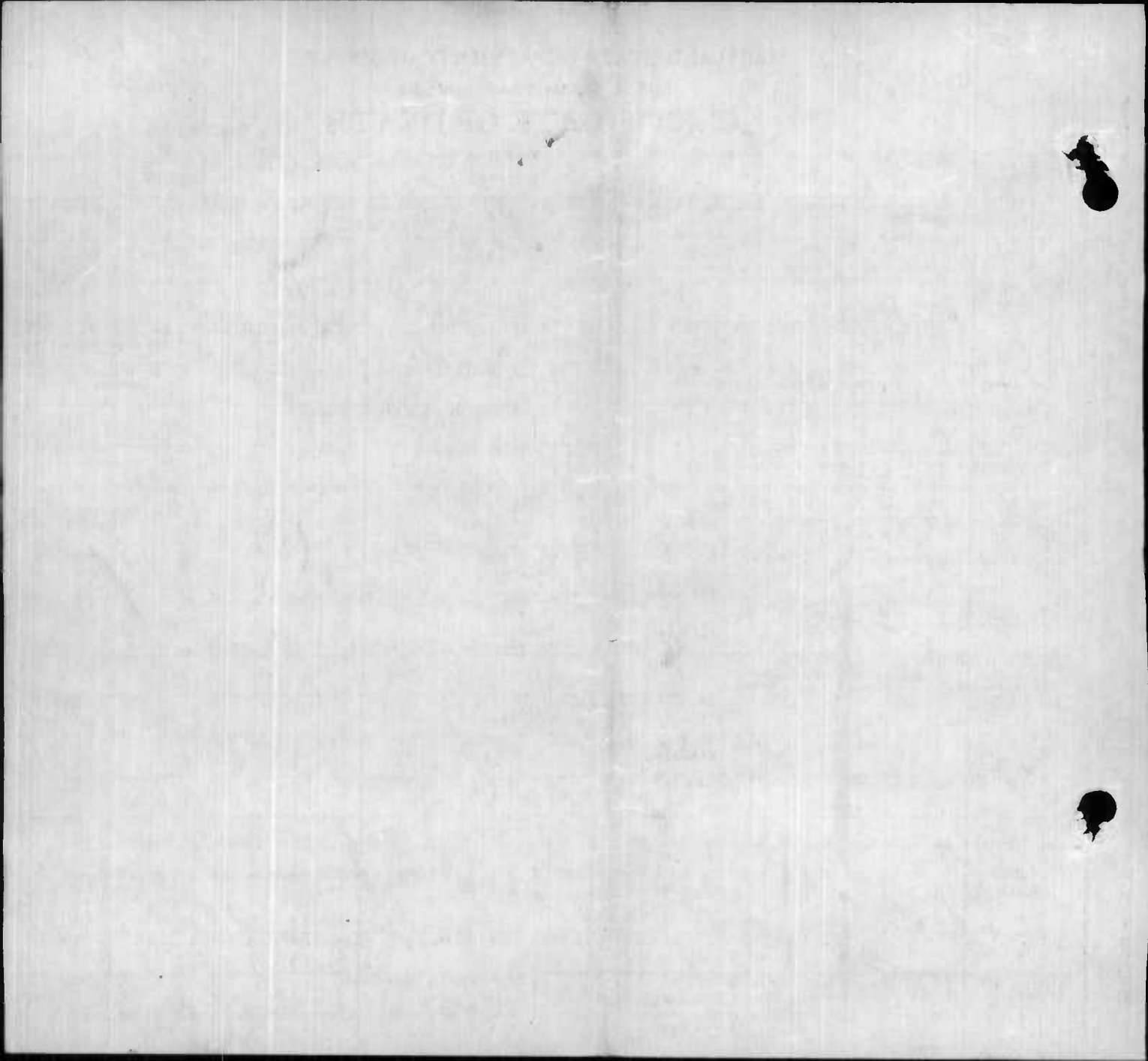
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>CEREBRAL THROMBOSIS</u>		<u>7 weeks</u>
Antecedent cause(s) (b) <u>Arteriosclerotic Cardio Vascular Disease</u>		<u>3 years</u>
(c) <u>Hypertensive Cardio Vascular Disease</u>		<u>3 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>8</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1951, to 9/10, 1951, that I last saw the deceased alive on 9/10, 1951, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE: J. Brady Smith M.H. (Degree or title) ADDRESS: Riviera Beach Md. DATE SIGNED: 9/10/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>9/13/51</u>	NAME OF CEMETERY OR CREMATORY <u>STATESVILLE</u>	LOCATION (City, town, or county) <u>N.C.</u> (State)
DATE REC'D BY LOCAL REG. <u>SEP 11 1951</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. FAHEY &amp; SONS 401 SUFFOLK RD - 18, 937</u>	

F.D. to call



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7877

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE M LANGE

2. DATE  
OF  
DEATH

Sept 11 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

806 E. Belvedere Ave

C. CITY OR TOWN (If outside corporate limits, write R. I. and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

806 E. Belvedere Ave

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MAY 5 1890

9. AGE (in years,

last birthday)

61

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF

WHAT COUNTRY?

C. S. A.

13. FATHER'S NAME

Alexander B. Morgan

14. MOTHER'S MAIDEN NAME

Louisa Voss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Frederick W Lange

ADDRESS

Same

18.

170X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Terminal Pneumonia

DUE TO

(B) Carcinoma of Breast

DUE TO

(C) Carcinomatosis

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1948, to 9/11, 1951, that I last saw the  
deceased alive on 9/10, 1951, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. H. Towola

M. D.

23B. ADDRESS

28 Reed St

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept 13 1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baltimore, Co., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lorraine Williams

25. FUNERAL DIRECTOR

H. Jenkins &amp; Sons Co 4905 York Rd.

ADDRESS

SEP 11 1951

VS 150

7862

50



Dr. Tomalla  
La Trobe Apts

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7879  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Herbert Edward Bickford

2. DATE  
OF  
DEATH

9/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville, Md.

D. STREET ADDRESS (If rural, give location)

McCann Avenue 5300

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M.

6. COLOR, OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Oct. 19, 1869

9. AGE (In years  
last birthday)

81

10 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Quartermaster

10B. KIND OF BUSINESS OR  
INDUSTRY

Stone Quarry

11. BIRTHPLACE (State or foreign country)

Cumberland, Md.

12. CITIZEN OF  
WHAT COUNTRY?

American

13. FATHER'S NAME

Herbert Bickford

14. MOTHER'S MAIDEN NAME

Emma Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Daisy Nerins; 70ppa Rd, Fullerton

18. 442X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Nephrosclerosis; Secondary Nephritis 2 wks.  
to Terminal uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

(C) B.P.H. Prostate & acute urinary retention -

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial fibrosis, cardiomegaly

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 2, 1951, to Sept. 10, 1951, that I last saw the  
deceased alive on Sept. 11, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Donelan

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

9-10-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Sherwood Episcopal Cem.

24D. LOCATION (City, town, or county)

Cockeysville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1951

John Burns' Sons, Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
CENTRAL AIR FORCE

10870013

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7880  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) **JOHN OSCAR FREDERICK** 2. DATE OF DEATH **SEPTEMBER 9, 1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland  
B. FULL NAME OF HOSPITAL OR INSTITUTION **623 MOSHER STREET**  
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **MARYLAND**  
B. COUNTY \_\_\_\_\_  
C. CITY OR TOWN (If outside corporate limits, write full name and give township) **BALTIMORE**

D. STREET ADDRESS (If rural, give location) **623 MOSHER STREET**  
c. Length of stay in Baltimore **35 yrs** Yrs. Mos. Days

5. SEX **MALE** 6. COLOR OR RACE **COLORED** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **SEPT. 13, 1890** 9. AGE (in years last birthday) **60** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LABORER** 10B. KIND OF BUSINESS OR INDUSTRY **LAUNDRY** 11. BIRTHPLACE (State or foreign country) **BEL ALTON, MARYLAND** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13. FATHER'S NAME **JOHN OSCAR FREDERICK** 14. MOTHER'S MAIDEN NAME **ELIZA FREDERICK**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO. **412-03-9816** 17. INFORMANT ADDRESS **Mrs BLANCHE FREDERICK-2130 DIVISION**

18. **002X** I CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**Lung diseased Pulmonary Tuberculosis**  
DUE TO  
ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **D** 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES ☐ NO ☐  
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) \_\_\_\_\_ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_  
21D. TIME (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **4-23, 1951** to **9-9, 1951** that I last saw the deceased alive on **9-9, 1951** and that death occurred at **8 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Henry G. Lamm** M. D. 23B. ADDRESS **2224 Mosher St** 23C. DATE SIGNED **9-11-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **9/12/51** 24C. NAME OF CEMETERY OR CREMATORY **SAINT PETER'S CEMETERY** 24D. LOCATION (City, town, or county) (State) **BALTIMORE, MARYLAND**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 11 1951** REGISTRAR'S SIGNATURE **Walterton Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **Charles F. Law 802 MADISON AVE.**

VS 150

1951 1950 1949 1948 1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933 1932 1931 1930 1929 1928 1927 1926 1925 1924 1923 1922 1921 1920 1919 1918 1917 1916 1915 1914 1913 1912 1911 1910 1909 1908 1907 1906 1905 1904 1903 1902 1901 1900 1899 1898 1897 1896 1895 1894 1893 1892 1891 1890

128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

WATLEY

25-4

10-25

10-25

10-25

10-25



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7881

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)William G. Hoffmeister2. DATE  
OF  
DEATHSept. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)md. BaltimoreB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION42 Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Box 362 Phila. Rd. 5200

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Sept. 14, 18749. AGE (In years  
last birthday)76

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Truck Farmer10B. KIND OF BUSINESS OR  
INDUSTRYOWN. FARM

11. BIRTHPLACE (State or foreign country)

BALTO. CO. MD.12. CITIZEN OF  
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Albert Hoffmeister

14. MOTHER'S MAIDEN NAME

Margaret E. Gable15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL  
SECURITY NO.None

17. INFORMANT

Mr. Henry J. Hoffmeister

ADDRESS

Box 362 Phila. Rd.18. 420.0  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial infarction

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Ht Disease

DUE TO

years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Acute Pyelonephritis9-10 days

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1951, to Sept 11, 1951, that I last saw the  
deceased alive on Sept 11, 1951, and that death occurred at 5:40 A m., from the causes and on the date stated above.

23A. SIGNATURE

Adolph W. Ehrenworth

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

9-11-5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

9/13/51

24C. NAME OF CEMETERY OR CREMATORY

Zion Lutheran Cem.

24D. LOCATION (City, town, or county)

BALTO. CO. MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRARSEP 11 1951

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

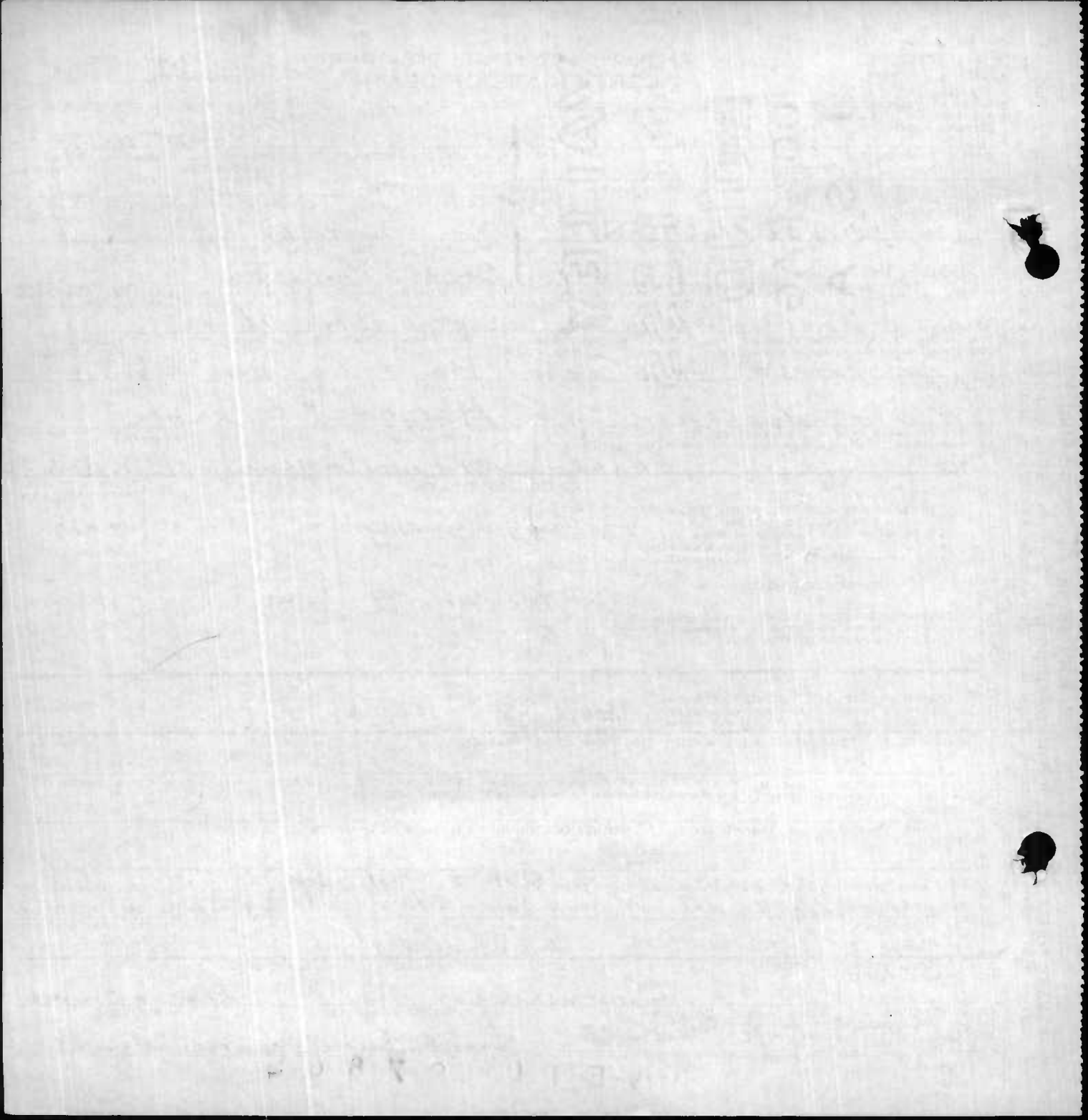
25. FUNERAL DIRECTOR

Lansdown Funeral Home

ADDRESS

7401 Belair Rd.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7882

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROSE CAPLAN

2. DATE  
OF  
DEATH

Sept. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION4613 Park Heights Ave.  
Mt. Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2219 Dukeland Street

c. Length of stay in Baltimore

50 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

1876

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Morris Caplan

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Miller-2219 Dukeland Street

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) 14 peritoneal C. V. D.  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1930, to Sept 10, 1951 that I last saw the deceased alive on Sept 10, 1951 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 12 1951

VS 150

Sol Levinson &amp; Bros. 1124-26th North Ave.

51 7882

93D



4



PLEASE WRITE PHENOLICALLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 7883

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*ROSE SACHS*

2. DATE OF DEATH

*9/11/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

*SINAI*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 6-03*

D. STREET ADDRESS (If rural, give location)

*129 No Collington Ave*

c. Length of stay in Baltimore

*60* Yrs. Mos. Days

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Russia*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Not known*

14. MOTHER'S MARYEN NAME

*Not known*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*Max Sachs - Same*

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Myocardial Infarction*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9/10*, 1951, to *9/11*, 1951; that I last saw the deceased alive on *9/11*, 1951, and that death occurred at *6 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Robert Stenally*

M. D.

23B. ADDRESS

*Sinai Hosp*

23C. DATE SIGNED

*9/11/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial*

*9-12-51*

*Rosedale*

*Balto*

*Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*SEP 12 1951*

*Arthur J. Williams, M.D.*

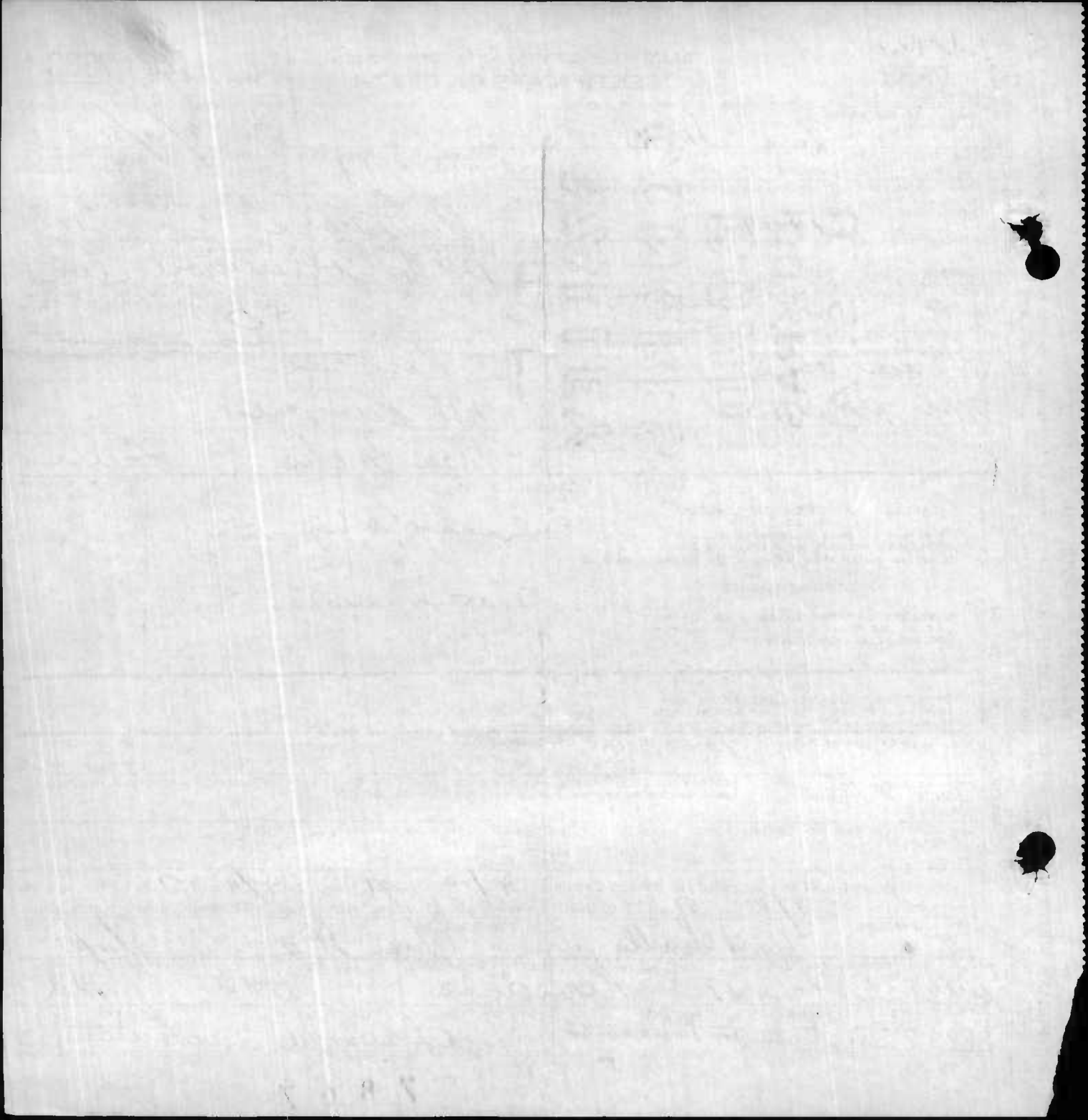
*Jack Lewis, Jr 2100 Canton Rd*

VS 150

1-7510007867

94a

MARGIN RESERVED FOR BINDING





# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) *IDA BULMASH*

2. DATE OF DEATH *9/11/51*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  
A. STATE *MD.* B. COUNTY \_\_\_\_\_

B. FULL NAME OF HOSPITAL OR INSTITUTION  
*SINAI HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*BALTIMORE 15-12*

C. Length of stay in Baltimore *30* Yrs. *Mon* Days

D. STREET ADDRESS (If rural, give location)  
*2404 Keyworth Ave.*

5. SEX *F*

6. COLOR OR RACE *W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*married*

8. DATE OF BIRTH *1894*

9. AGE (In years last birthday) *67*

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  
*House work*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
*RUSSIA*

12. CITIZEN OF WHAT COUNTRY?  
*U.S.*

13. FATHER'S NAME  
*Joseph*

14. MOTHER'S MAIDEN NAME  
*Rachael*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Max Bulmark - 2404 Keyworth*

18. *180X*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
(A) *Metastatic Carcinoma to Lung*  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
*9 mos 10X noted*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Primary Kidney Ca.*  
DUE TO  
(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/2*, 19*51*, to *9/11*, 19*51*, that I last saw the deceased alive on *9/11*, 19*51*, and that death occurred at *10 A.* m., from the causes and on the date stated above.

23A. SIGNATURE  
*Solomon Cohen*

23B. ADDRESS  
*Driver' Kasp*

23C. DATE SIGNED  
*9/11/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

24B. DATE  
*9/12/51*

24C. NAME OF CEMETERY OR CREMATORY  
*Windsor Hill Ref*

24D. LOCATION (City, town, or county) (State)  
*Balt Md.*

DATE RECEIVED BY LOCAL REGISTRAR  
*SEP 12 1951*

REGISTRAR'S SIGNATURE  
*William Williams*

25. FUNERAL DIRECTOR

ADDRESS

*Jack Lewis Inc. 2100 Eutaw Pl.*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

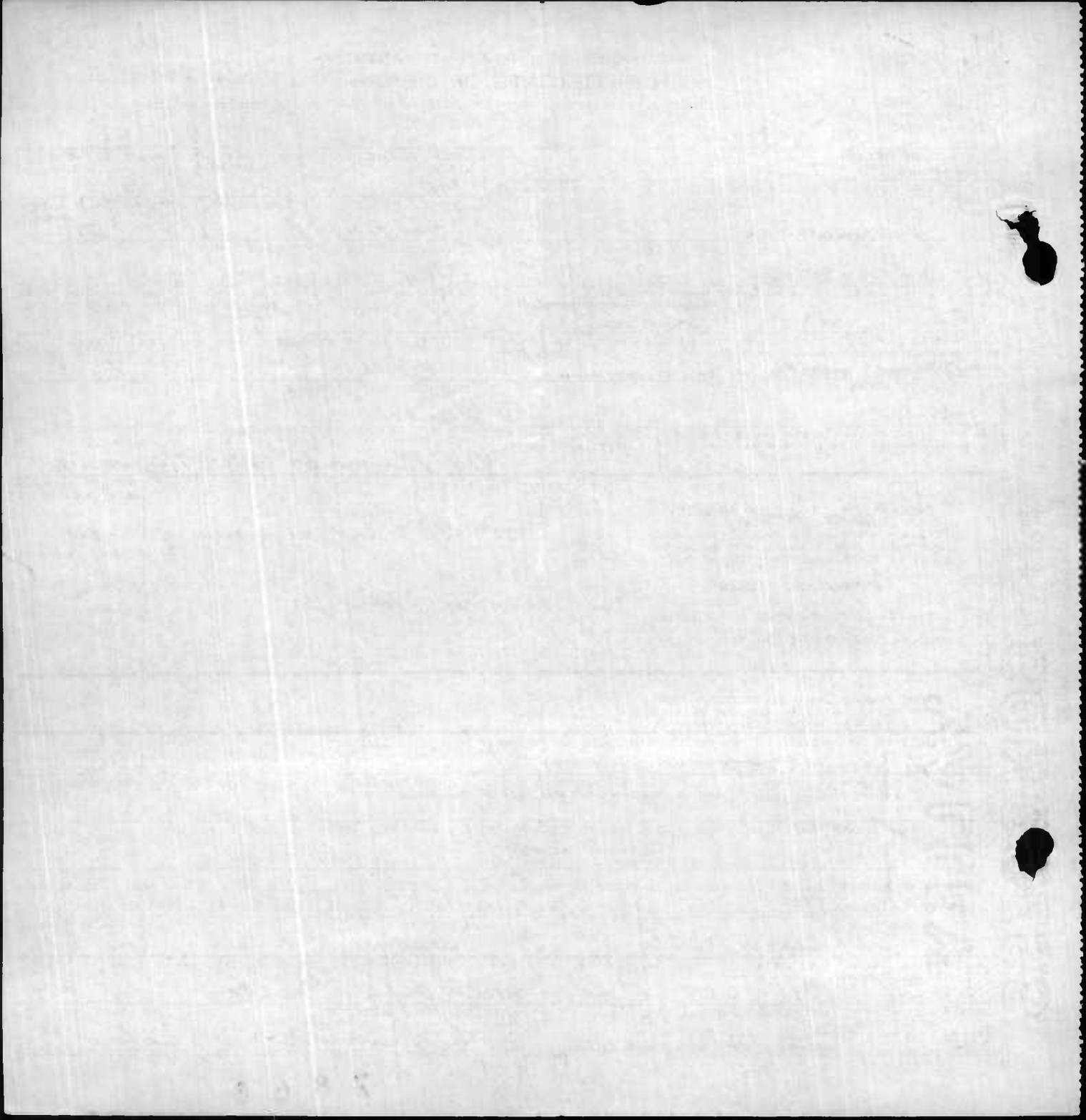
MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

B-51 452 7884

51 7884





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7885

H-652  
51 7885 51-20913

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM LEONARD HORMES

2. DATE OF DEATH September 11, 1951

3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Hospital for Women of Maryland

C. Length of stay in Baltimore

2

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1506 Park Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

September 9, 1951

9. AGE (In years last birthday)

H Under 1 Year Months: Days H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore-Maryland

13. FATHER'S NAME

Leonard Thomas Hormes

14. MOTHER'S MAIDEN NAME

Gertrude Olympia Penny

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Leonard T. Hormes 1506 Park Ave.

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

anoxia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Congenital heart disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Skeletal Congenital disease

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:43 AM Sept 9, 1951, to 10:40 AM Sept 11, 1951 that I last saw the deceased alive on 10:40 AM 9-11-51 and that death occurred at 10:40 AM, from the causes and on the date stated above.

23A. SIGNATURE

Perry O. Powell

M. D.

23B. ADDRESS Hospital for Women of Md., Baltimore Md.

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTIMORE,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

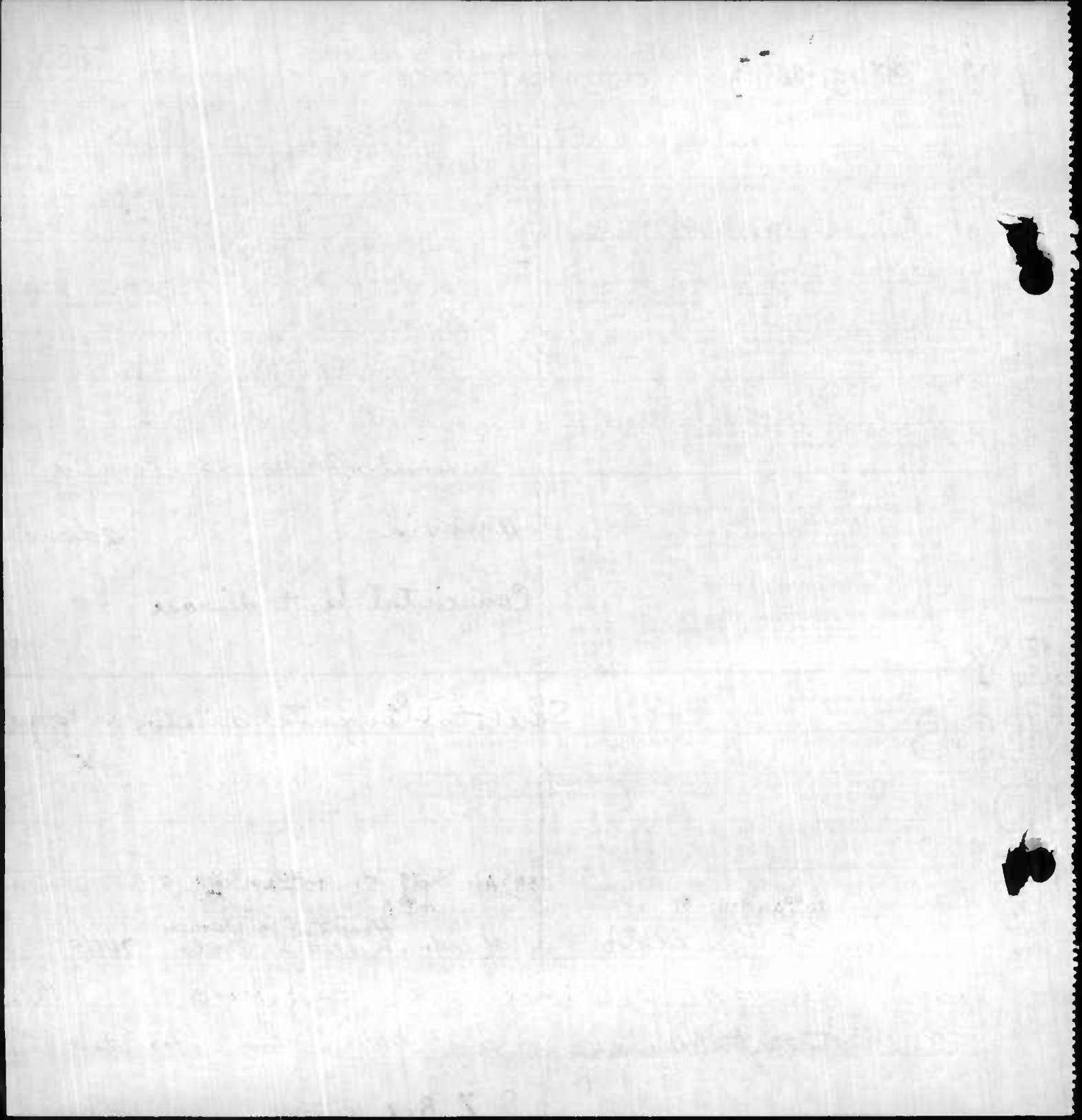
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John O. Mitchell Sons

ADDRESS

1900 Eutaw Pl.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7886BIRTH NO. 423  
51 78861. NAME OF DECEASED  
(Type or Print) CHARLES C. CLAGGETT, SR.2. DATE  
OF DEATH 9-10-513. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland B. COUNTY 11-02B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION UNION MEM. HOSPITAL.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimorec. Length of stay in Baltimore 50 Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)  
1120 St. Paul St - 2.5. SEX M6. COLOR OR RACE WHITE7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH 1-3-739. AGE (In years last birthday) 78 H Under 1 Year Months: Days: I Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Real Estate Broker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland12. CITIZEN OF WHAT COUNTRY? U.S.13. FATHER'S NAME Charles Wickliff Claggett.14. MOTHER'S MAIDEN NAME Mary Sawyer.15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Charles C. Claggett Jr. 3902 Yolande Rd.18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Thrombosis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Atherosclerosis

DUE TO

II

(C) Abdominal Aortic Aneurysm

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 8-9-51, 1951, to 9-10, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 11:00 P. m., from the causes and on the date stated above.23A. SIGNATURE George S. Redford23B. ADDRESS Union Mem. Hospital23C. DATE SIGNED Sept 11, 195124A. BURIAL, CREMATION, REMOVAL (Specify) Burial24B. DATE Sept. 13, 195124C. NAME OF CEMETERY OR CREMATORY Loudon Park24D. LOCATION (City, town, or county) (State) Fred. Ave. BALTO. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 12 1951

John O. Mitchell Sons 1900 Eutaw Place

CERTIFICATE OF DEATH

State of New York

County of ...

City of ...

On the ... day of ...

at ...

...

...

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...



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7887

BIRTH NO. 51 7887		1. NAME OF DECEASED (Type or Print) <i>Vincenty Malinowski</i>		2. DATE OF DEATH <i>Sept. 11 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>516 S. Luzerne Ave</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Balto. Md.</i>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>so</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md. 1-03</i>		D. STREET ADDRESS (If rural, give location) <i>516 S. Luzerne Ave</i>	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>(WIDOWED)</i>	8. DATE OF BIRTH <i>1878</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>R.R. Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Nikolaj Malinowski</i>		14. MOTHER'S MAIDEN NAME <i>Teofila Kanbowska</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>Joseph Malinowski 1339 Andree St.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerosis</i>		CAUSE OF DEATH (A) <i>Arteriosclerosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>		(B) <i>Arteriosclerosis</i> DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 1</i> , 1951, to <i>Sept. 11</i> , 1951, that I last saw the deceased alive on <i>Sept. 10</i> , 1951, and that death occurred at <i>1:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Andrew Kanowski</i>		23B. ADDRESS <i>2524 Eastern Ave.</i>		23C. DATE SIGNED <i>9/11/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Co Md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cemetery</i>		24F. LOCATION (City, town, or county) (State) <i>Balto Co Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 12 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>		FUNDERAL DIRECTOR <i>J. J. Bryk 6407 Eastern Ave.</i>	



443

153

F

156

51 7888 51-16465

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7888

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Louis Eibner

2. DATE  
OF  
DEATH

11 Sept '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Bueto

D. STREET ADDRESS (If rural, give location)

525 N. Lakewood Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

18 July '51

9. AGE (In years last birthday)

11 Under 1 Year

1 25

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Albert O. Eibner

14. MOTHER'S MAIDEN NAME

Marcella Heil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Marcella Eibner - 525 N. Lakewood Ave

1B.

756.0  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Aspiration pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2 Sept '51

19B. MAJOR FINDINGS OF OPERATION

Pres - Rem stent Pyloroplasty

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Never, 19  , to   , 19  , that I last saw the deceased alive on 10 Sept, 1951, and that death occurred at 4:15 Am., from the causes and on the date stated above.

23A. SIGNATURE

L. H. Simmons

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-13-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 12 1951

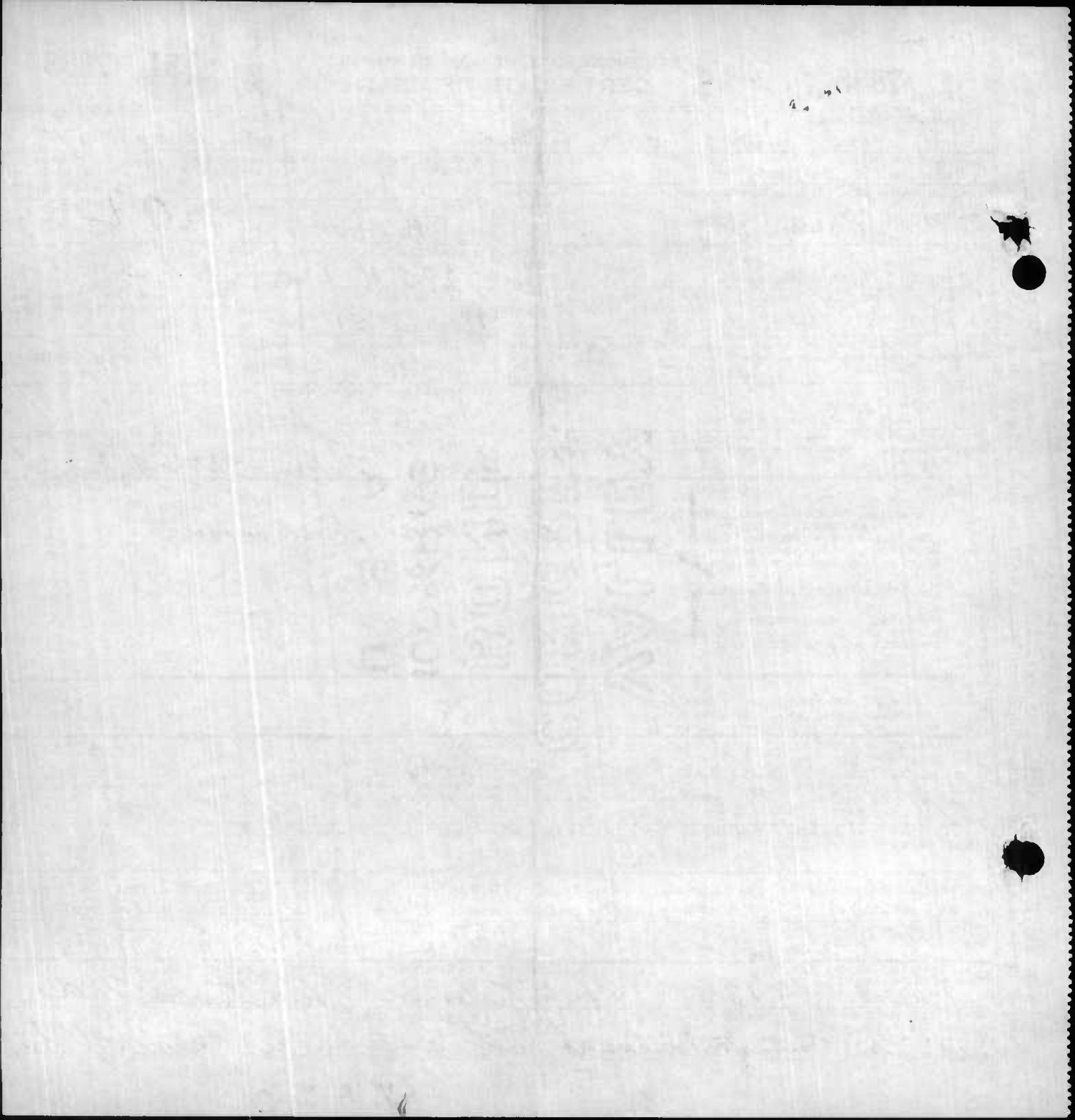
REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Lilly & Zeibler - 403 S. Wolfe St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7889

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES M. MC COURT

2. DATE  
OF DEATH Sept. 10, 19513. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Dr. A. H. Crowder's Office  
4209 Frederick Avenue4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write full name and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
900 Cathedral St. (Earle Hotel)c. Length of stay in Baltimore Life

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Jan. 13, 18979. AGE (In years  
last birthday)54If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Laborer Park Dept.10B. KIND OF BUSINESS OR  
INDUSTRY  
Baltimore City

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF  
WHAT COUNTRY?  
U S A

13. FATHER'S NAME

Charles J. McCourt

14. MOTHER'S MAIDEN NAME

Mary A. Ziegler15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
Yes 1st World War16. SOCIAL  
SECURITY NO.  
213-20-382317. INFORMANT ADDRESS  
J. Irvin McCourt 5306 Springlake Way18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Coronary artery sclerosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunscheider M.D.23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
Sept. 10, 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

Sept. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

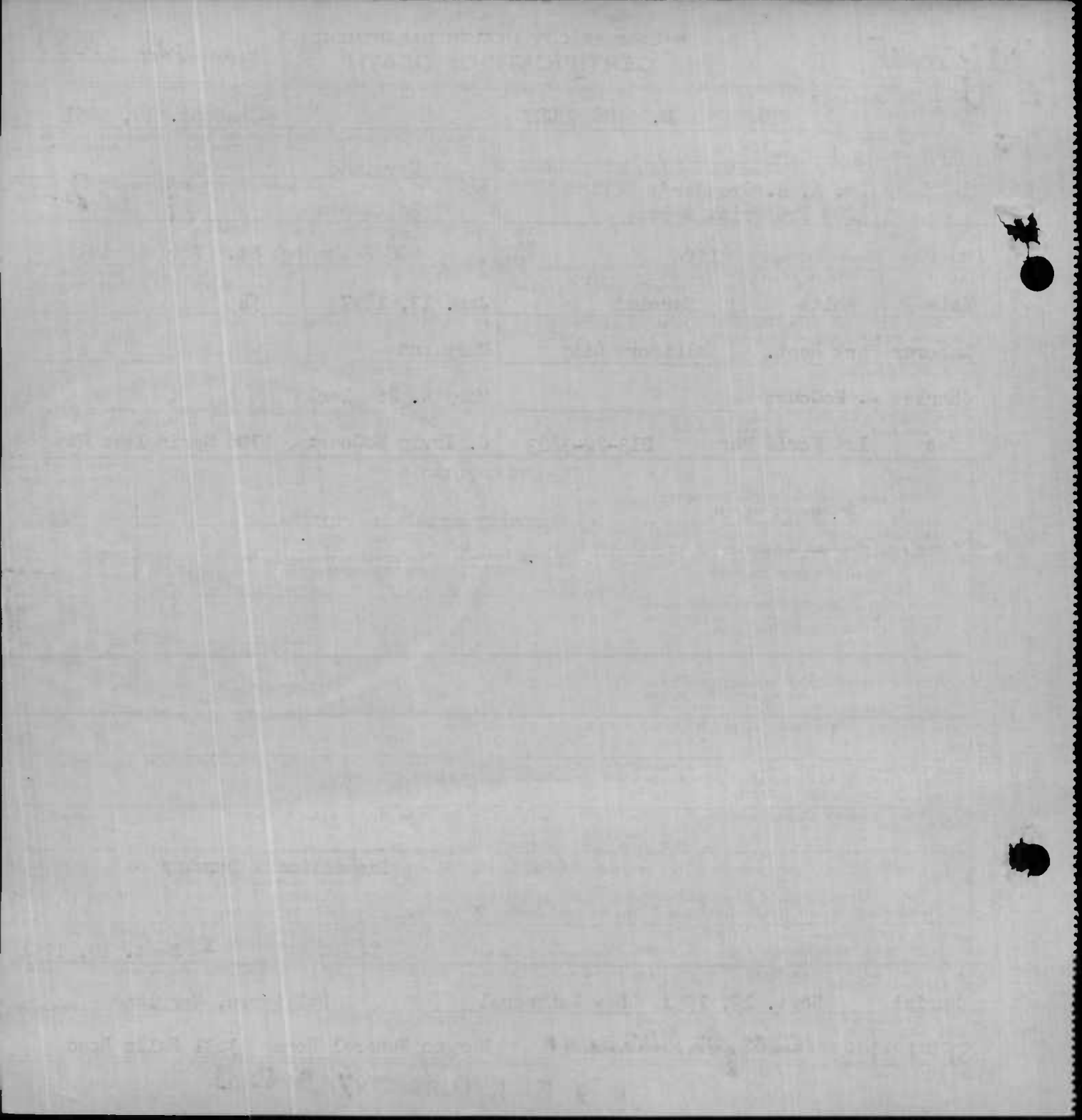
Burgee Funeral Home 3631 Falls Road

VS 151

930 830 Horace P. Burgee 94a ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7899  
Registered No. 51 7890

51 7899 20682  
BIRTH NO.

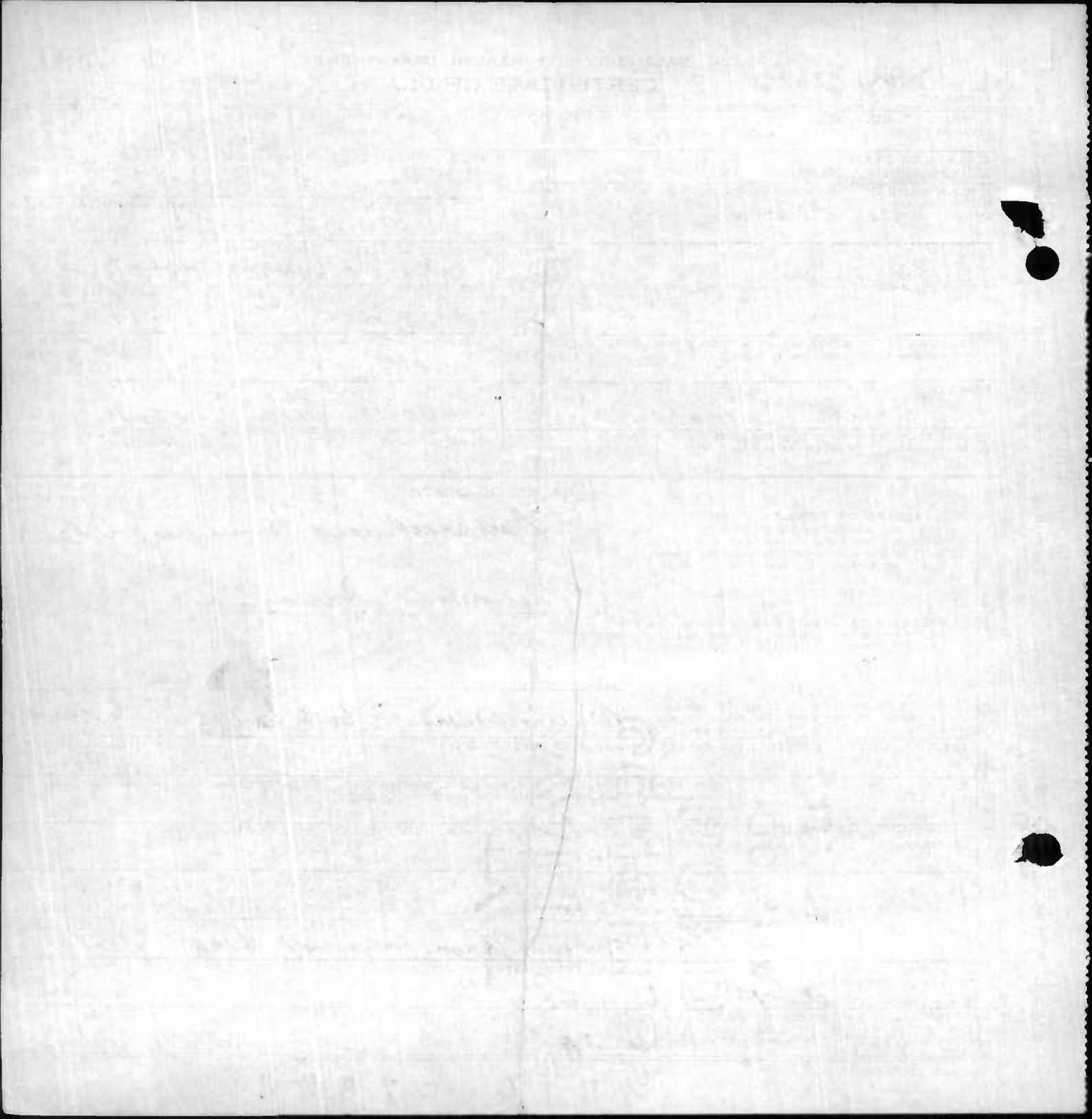
1. NAME OF DECEASED (Type or Print) <i>Domarecki, Michael Baby</i>		2. DATE OF DEATH <i>SEPT 11, 1957</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>8 Yrs. 6 Mos. 6 Days</i>		D. STREET ADDRESS (If rural, give location) <i>5234 Linden Hgts Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>SEPT 5, 1951</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>0 0 6</i>
13. FATHER'S NAME <i>STEPHEN DOMARECKI</i>		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>SHEILA JANE PARSONS</i>	
17. INFORMANT		ADDRESS	

## MEDICAL CERTIFICATION

18. <i>760.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Subarachnoid Hemorrhage</i> DUE TO (B) <i>Precipitous Labor</i> DUE TO (C) <i>Massive atelectasis both lungs.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
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19A. DATE OF OPERATION <i>Sept 12/57</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>SEPT 5</i> , 1957, to <i>SEPT 11</i> , 1957, that I last saw the deceased alive on <i>SEPT 11</i> , 1957, and that death occurred at <i>4:55 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>R. M. Smith</i>	23B. ADDRESS <i>Union Memorial Hosp.</i>	23C. DATE SIGNED <i>Sept 11/57</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 12/57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>
24D. LOCATION (City, town, or county) <i>Pikesville, Maryland</i>	25. FUNERAL DIRECTOR <i>Loring Byers</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 12 1957</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	ADDRESS <i>5005 N. Hollister</i>





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

E

412  
51 7891

EILBACHER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7891

1. NAME OF DECEASED (Type or Print) <i>Anna Eilbacher</i>			2. DATE OF DEATH <i>September 11, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>Balt</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Colonial Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write full name, and give township) <i>Baltimore</i> <i>20-05</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2240 Wilkes Avenue</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 13, 1864</i>		9. AGE (In years last birthday) <i>87</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>H. Edward Seidel</i>			ADDRESS <i>126 N. ...</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>	CAUSE OF DEATH (A) <i>arterio sclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 hr</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 5, 1951</i> , to <i>April 15, 1951</i> , that I last saw the deceased alive on <i>Sept 11, 1951</i> , and that death occurred at <i>1450</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. P. Johnson</i>		23B. ADDRESS <i>403 Medard Bldg</i>		23C. DATE SIGNED <i>9-11-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 13/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR <i>Loring Byrne</i>			
25. ADDRESS <i>5005 N. ...</i>		25. ADDRESS <i>5005 N. ...</i>			

SEP 12 1951

1951007870 94a

1 hand

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7892BIRTH NO. 62.4  
51 7892

1. NAME OF DECEASED (Type or Print) <b>HENRY MARSHALL</b>			2. DATE OF DEATH <b>Sept. 10, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Provident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2644 W. North Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 1891</b>	9. AGE (In years last birthday) <b>59</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ship Painter.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Md. Dry Dock</b>	11. BIRTHPLACE (State or foreign country) <b>Greenwood, S.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>Harriett</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mary B. Marshall. 2644 W. North Ave.</b>		

18. **422.1**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic cardiovascular disease**  
DUE TO

## ANTECEDENT CAUSES

(B) **Hyperinsulinism - cause undetermined**  
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**Sept. 10, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Burial****Sept. 13, 1951****Baltimore National****Baltimore, Md.**

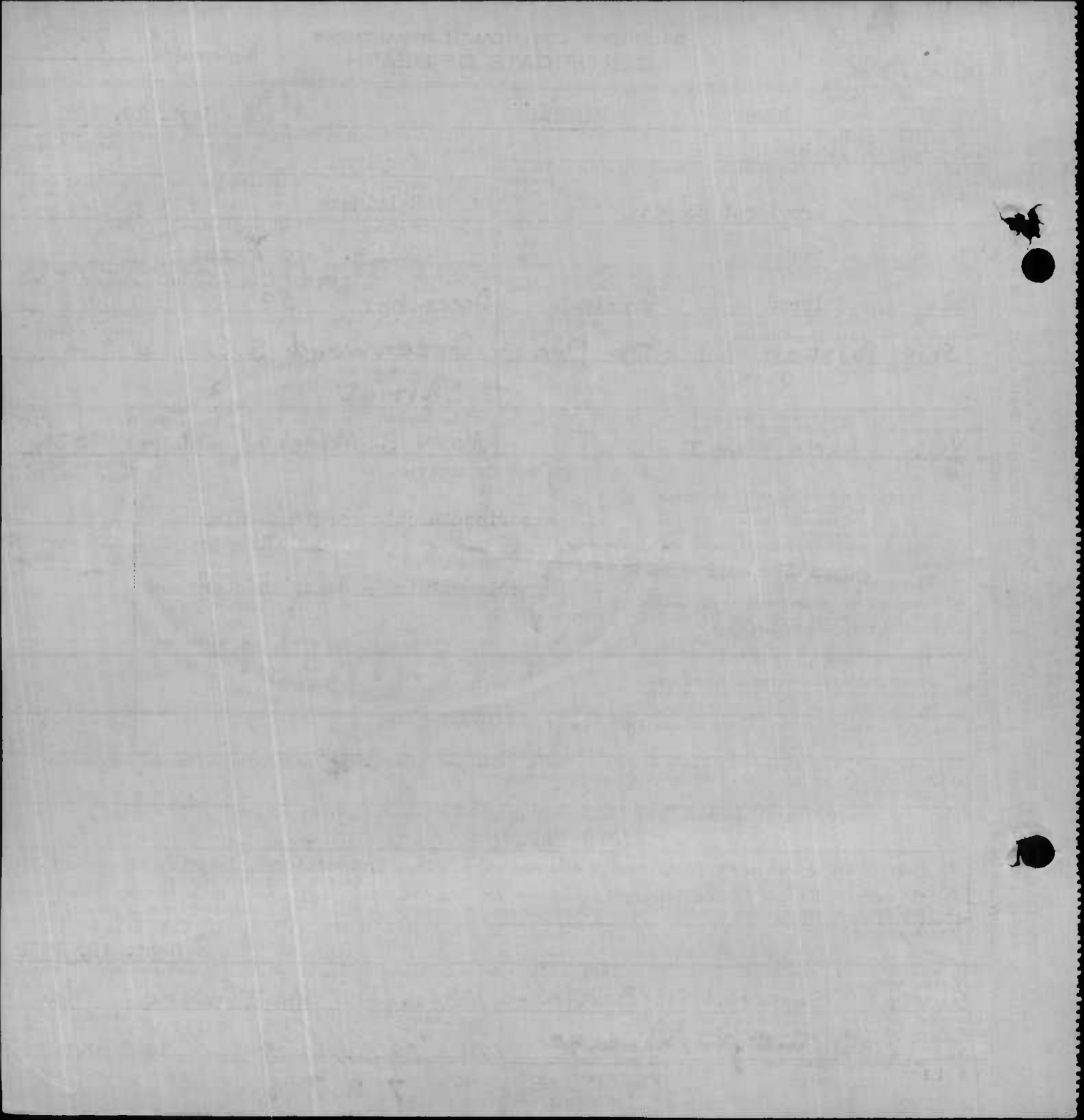
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 12 1951****Thurston Williams****Wm. H. Williams****822**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-655  
51 7893

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7893

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SALVATORE TAORMINA

2. DATE OF DEATH

September 11 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

PINECREST SANATORIUM

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md.

B. COUNTY Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Essex

D. STREET ADDRESS (If rural, give location)

345 Stillwater Ave. 5300

C. Length of stay in Baltimore

40 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 17-1879

9. AGE (in years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Kitchen Steward (Retired)

10B. KIND OF BUSINESS OR INDUSTRY

Lord Balto. Hotel

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Antonio Taormina

14. MOTHER'S M maiden NAME

Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. A. Taormina, Essex Md.

18. 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Diabetic Coma & Gangrene of Right Leg

INTERVAL BETWEEN ONSET AND DEATH

36 hrs 24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

Diabetes Mellitus

years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cardiac Decompensation due to Arteriosclerotic Heart Disease

3 Months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 9, 1951, to September 11, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

23B. ADDRESS

5000 OLD FREDERICK RD

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 15-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John S. Connolly

25. FUNERAL DIRECTOR

John S. Connolly

ADDRESS

418 Eastern Ave.





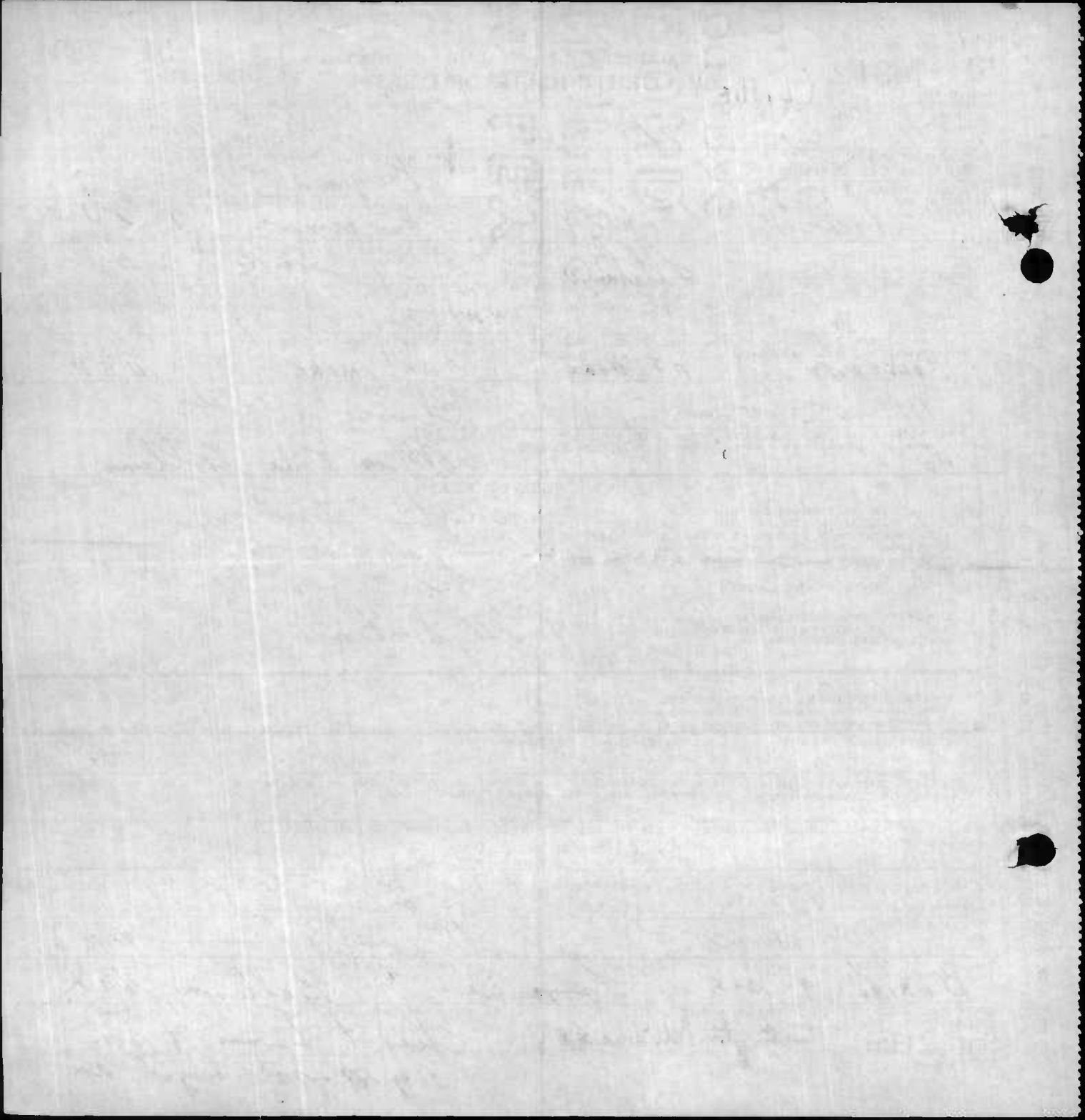
51 7894

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7894

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>LILLIAN M GILL</i>		2. DATE OF DEATH <i>9-10-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>Lifeline</i>		D. STREET ADDRESS (If rural, give location) <i>3537 Liberty Heights - 15</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>		8. DATE OF BIRTH <i>4-21-872</i>	9. AGE (In years last birthday) <i>79</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>PT Home</i>		11. BIRTHPLACE (State or foreign country) <i>BAITIMORE</i>	
13. FATHER'S NAME <i>Thomas Collins</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs Edna Collins</i>	
18. <i>422.1 and 204.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>monocytic Leukemia</i>		CAUSE OF DEATH (A) DUE TO <i>ASCD &amp; Senility</i> (B) DUE TO <i>&amp; dehydration.</i> (C) _____		INTERVAL BETWEEN ONSET AND DEATH	
18. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>9-10-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-7-1951</i> to <i>9-10-1951</i> , that I last saw the deceased alive on <i>9-10-1951</i> , and that death occurred at <i>5 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J.D. Boyes</i>		23B. ADDRESS <i>U. Hospital</i>		23C. DATE SIGNED <i>9-10-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>9-10-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Chas F Evans &amp; Son</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 12 1951</i>		REGISTRAR'S SIGNATURE <i>Wmington Williams</i>		ADDRESS <i>118 N. Md. Royal ave 74a</i>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7895BIRTH NO. 5101. NAME OF DECEASED  
(Type or Print) CORNELIA B. Schnepfe-2. DATE OF DEATH 9-11-51.3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MARYLAND B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-0738 University HospitalD. STREET ADDRESS (If rural, give location)  
2147 Mt. Holly St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX F.6. COLOR OR RACE W.7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH

9. AGE (In years last birthday) 71-

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

Dec. 10, 187910A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife10B. KIND OF BUSINESS OR INDUSTRY  
at home11. BIRTHPLACE (State or foreign country)  
MARYLAND12. CITIZEN OF WHAT COUNTRY?  
USA-13. FATHER'S NAME  
Geo. W. Chamberlain14. MOTHER'S MAIDEN NAME  
ANNA Eva Becker15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
none

17. INFORMANT

ADDRESS

Mr. Harry C. Schnepfe - 2147 Mt. Holly St.18. 572.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
PERITONITIS-

(A)

DUE TO

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
PERFORATED DIVERTICULUM SIGMOID.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
RENAL FAILURE19A. DATE OF OPERATION  
9-9-51-319B. MAJOR FINDINGS OF OPERATION  
PERITONITIS & Abscess Formation

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

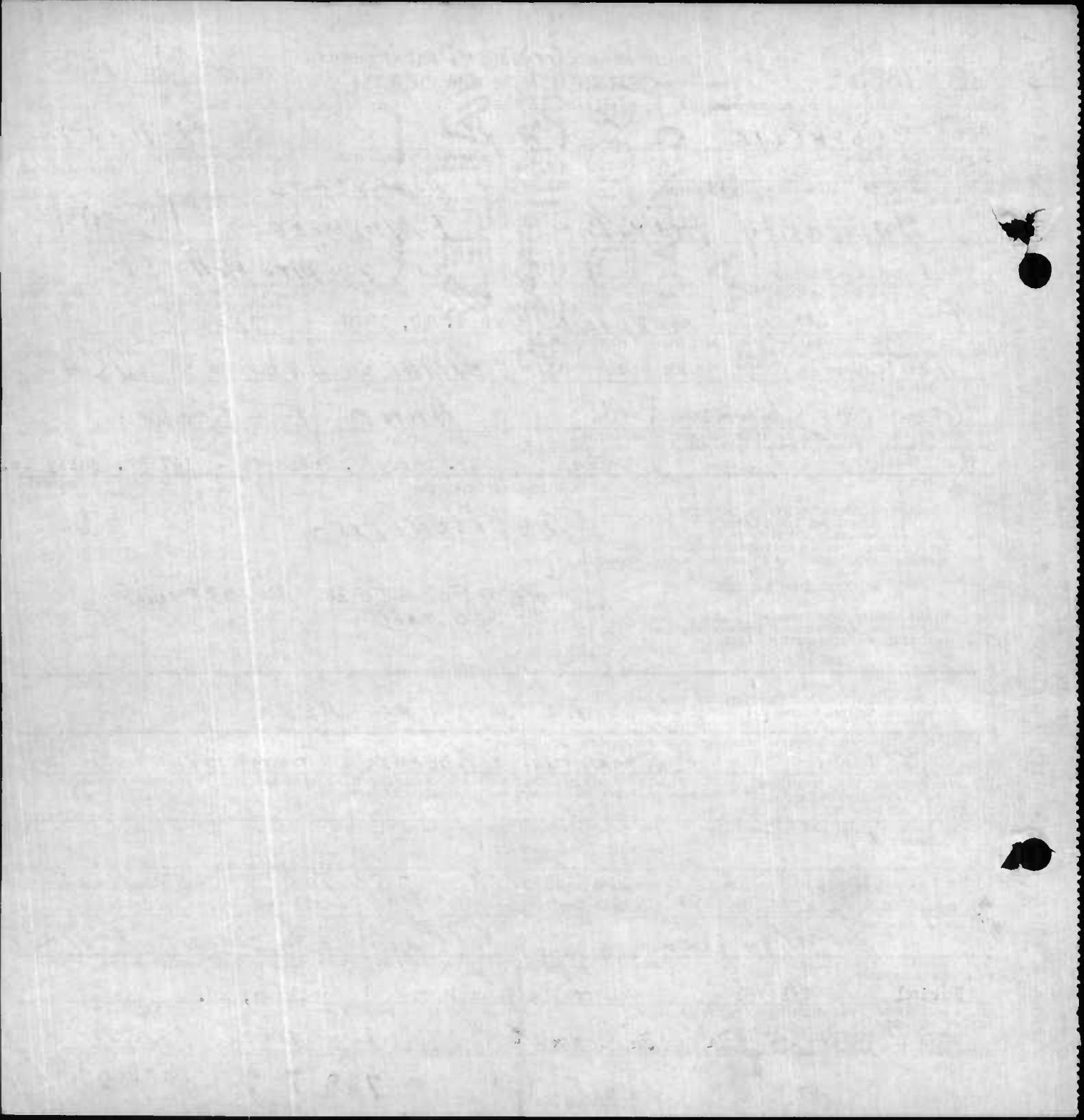
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9 to 9-11, 1951, that I last saw the deceased alive on 9-11, 1951, and that death occurred at 10:30 A. m., from the causes and on the date stated above.23A. SIGNATURE  
C. J. Pfeiffer23B. ADDRESS  
Lawrence Corp.23C. DATE SIGNED  
9-11-5124A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial24B. DATE  
9/14/5124C. NAME OF CEMETERY OR CREMATORY  
Lorraine Mausoleum24D. LOCATION (City, town, or county) (State)  
Woodlawn, Md.DATE RECEIVED BY LOCAL REGISTRAR  
SEP 12 1951REGISTRAR'S SIGNATURE  
William H. Williams25. FUNERAL DIRECTOR  
Wm. J. Lickner & SonsADDRESS  
Balto, Md.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 7896

654  
ND-118041-7896

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ignacia Jaramillis

2. DATE OF DEATH Sept. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4940 Eastern Avenue

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

C. Length of stay in Baltimore

90 Yrs.

5. SEX

Female

6. COLOR OR RACE

Spanish

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 13, 1860

9. AGE (In years last birthday)

91

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

South America

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unkown

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

2 Wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Vascular Accident

3 Yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1948 to 9-8, 1951 that I last saw the deceased alive on 9-8, 1951 and that death occurred at 6:15a m., from the causes and on the date stated above.

23A. SIGNATURE

R.S. Dozer

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 13, 51

24C. NAME OF CEMETERY OR CREMATORY

St Peters Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 12 1951

REGISTRAR'S SIGNATURE

William M. Williams

FUNERAL DIRECTOR

Elvigo Wilson 1000 Bessie Ave

ADDRESS

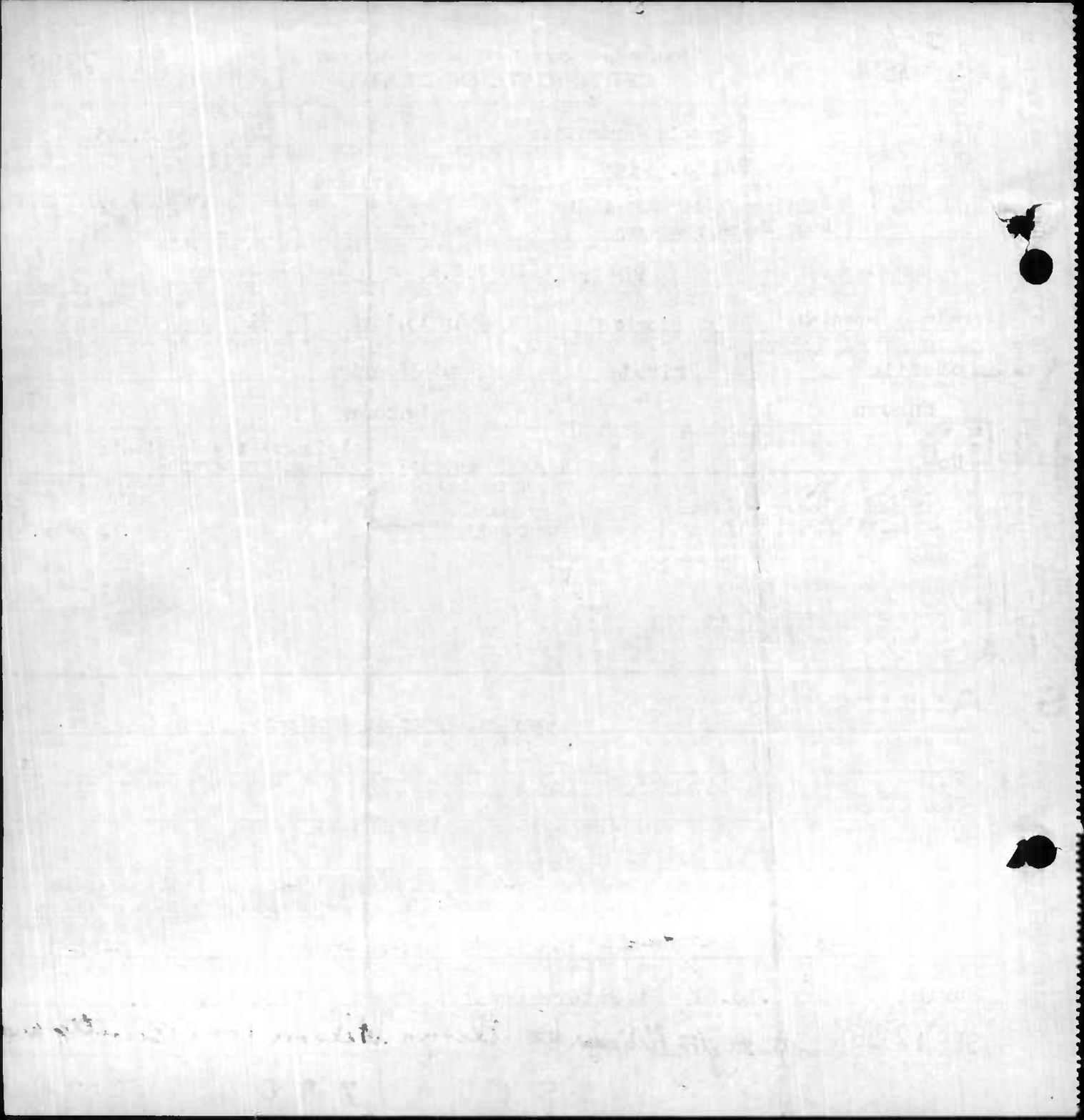
VS 150

7951007880 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7897**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**William M. Smiley**

2. DATE  
OF  
DEATH

**September 10, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

**Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **2327 N. Charles Street**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2327 N. Charles Street**

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

If Under 1 Year

If Under 24 Hours

**male**

**white**

**married**

**Feb. 27, 1918**

**33**

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Machinist**

10B. KIND OF BUSINESS OR INDUSTRY

**Glen L. Martin**

11. BIRTHPLACE (State or foreign country)

**Indiana**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Ova E. Smiley**

14. MOTHER'S MAIDEN NAME

**Margaret Achres**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Robert Smiley, 4714 Eastern Avenue**

18.

**193X**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **malignant brain tumor**

**1 yr.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☐

AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept. 1**, 1951, to **Sept. 10**, 1951 that I last saw the deceased alive on **Sept. 10**, 1951, and that death occurred at **10:38 P.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**E. Ellsworth Cook**

M. D.

**2431 Maryland Avenue**

**9-11-51**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**removal**

**9/12/51**

**Elwood Cemetery**

**Elwood,**

**Indiana**

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 12 1951**

**Wm. Cook, Inc.**

**Wm. Cook, Inc.**

**1217 St. Paul Street**

VS 150

**54V BT 0 7 8 8 1**

**54 B**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

VALLEY  
COUNCILS

WIND  
OF PAC  
U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7898

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Mary Anna Mumford

2. DATE OF DEATH Sept. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

Route 16, Box 173, #2 Hillside Avenue

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 27, 1884

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Columbus Christian

14. MOTHER'S MAIDEN NAME

Nancy L. Lowry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Nancy Lucas, 2 Hillside Avenue, Essex

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarct

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Arteriosclerosis

DUE TO

(C) Heart Disease

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2/51, 19 / to 9/11/ , 1951, that I last saw the deceased alive on 9/11/ , 1951 and that death occurred at 9:30 AM from the causes and on the date stated above.

23A. SIGNATURE

P. Paul Coffey Jr.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

removal

24B. DATE

9/12/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Ashland, Virginia

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. Cook, Inc.

25. FUNERAL DIRECTOR

1217 St. Paul Street

ADDRESS

SEP 12 1951

VS 150

93D

U. S. DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.  
OFFICE OF THE CHIEF OF BUREAU  
PLANT INDUSTRY  
WASHINGTON, D. C.

PLANT INDUSTRY  
WASHINGTON, D. C.

PLANT INDUSTRY  
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 7899**

BIRTH NO. **51 7899**

1. NAME OF DECEASED (Type or Print) <b>Ida A Metee</b>			2. DATE OF DEATH <b>9/10/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>444 Sina Nosp</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 9-07</b>		
C. Length of stay in Baltimore Yrs. <b>5</b> Mos. <b>1</b> Days <b>1769</b>			D. STREET ADDRESS (If rural, give location) <b>1769 Conswell St</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>March 4, 1874</b>		9. AGE (In years last birthday) <b>77</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nine</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Balto Md</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>mezirk corner Mettee</b>			14. MOTHER'S MAIDEN NAME <b>Helene E. Gardiner</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Andrew Mettee, 105 Upnor Rd</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Edema</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial infarct ASCVD</b>		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>S.D. Hemmings</b>		

19A. DATE OF OPERATION <b>9/9/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/9 1951</b> to <b>9/10 1951</b> , that I last saw the deceased alive on <b>9/10 1951</b> , and that death occurred at <b>11:30 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James Rodden MD</b>		23B. ADDRESS <b>105 Upnor Rd</b>		23C. DATE SIGNED <b>9/10/51</b>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/13/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Waltham</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>		24E. NAME OF FUNERAL DIRECTOR <b>Frank Jones</b>		24F. ADDRESS <b>305 N. Howard St</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 12 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Jones</b>	

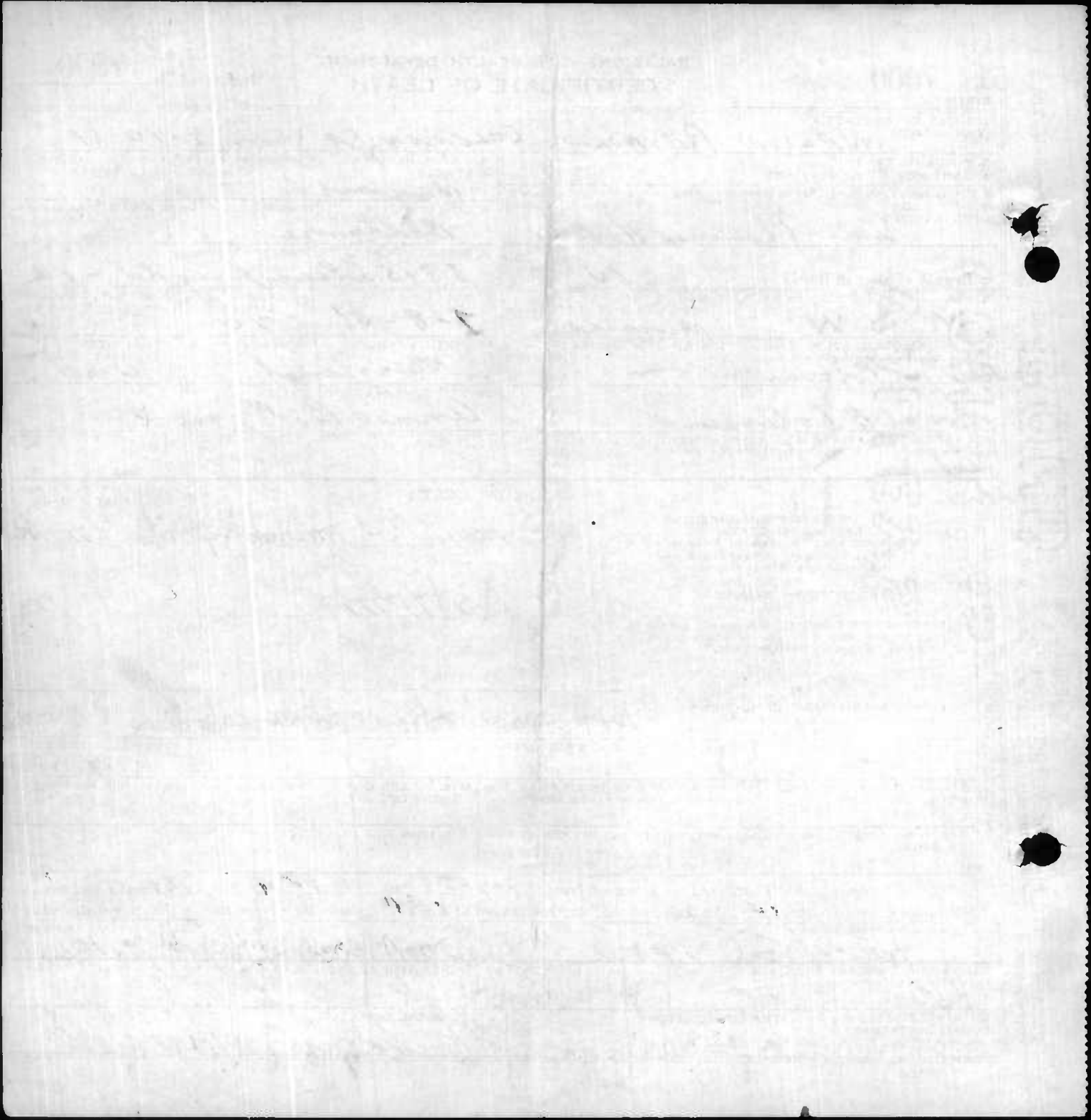
VS 150

935









PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

P. 362

51 7901

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7901  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Frank Joseph Petrik

2. DATE  
OF  
DEATH

Sept. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-02

D. STREET ADDRESS (If rural, give location)

4408 Cook Avenue

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 27, 1901

9. AGE (In years last birthday)

49

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist U.S. Navy

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Petrik

14. MOTHER'S MAIDEN NAME

Mary Klim

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anna M. Petrik 4408 Cook Ave

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephrosclerosis

DUE TO

(C) Hypertensive cardiovascular disease

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/9/1951 to 9/11/1951 that I last saw the deceased alive on 9/11/1951, and that death occurred at 11:55 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Paul Coffey Jr.

M. D.

1400 N. Caroline Street

9/11/51

24A. BURIAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

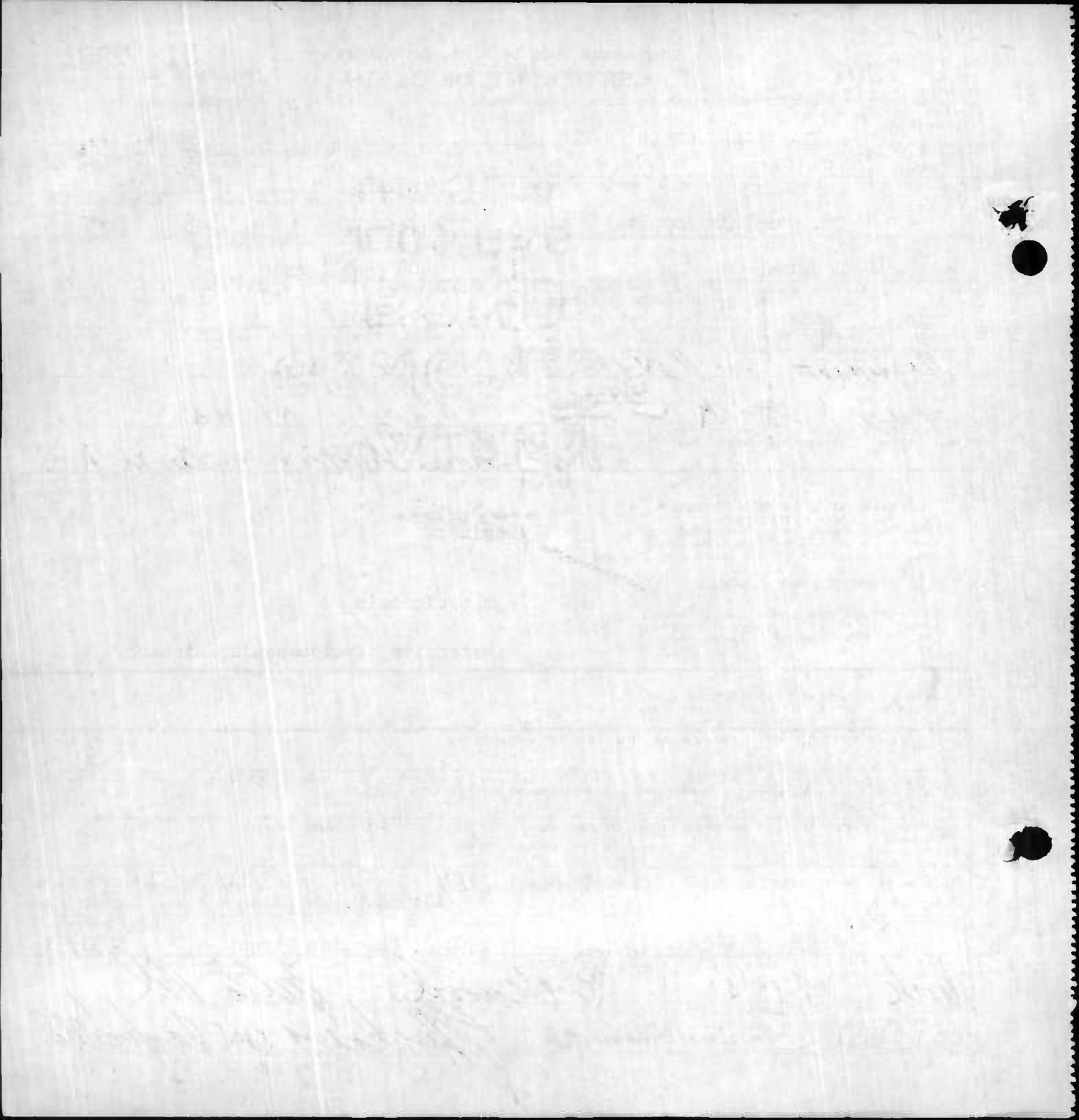
SEP 12 1951

Thurston Williams

Thurston Williams

VS 150

5449 10007885 131a



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7902BIRTH NO. 51 7902 51-21766

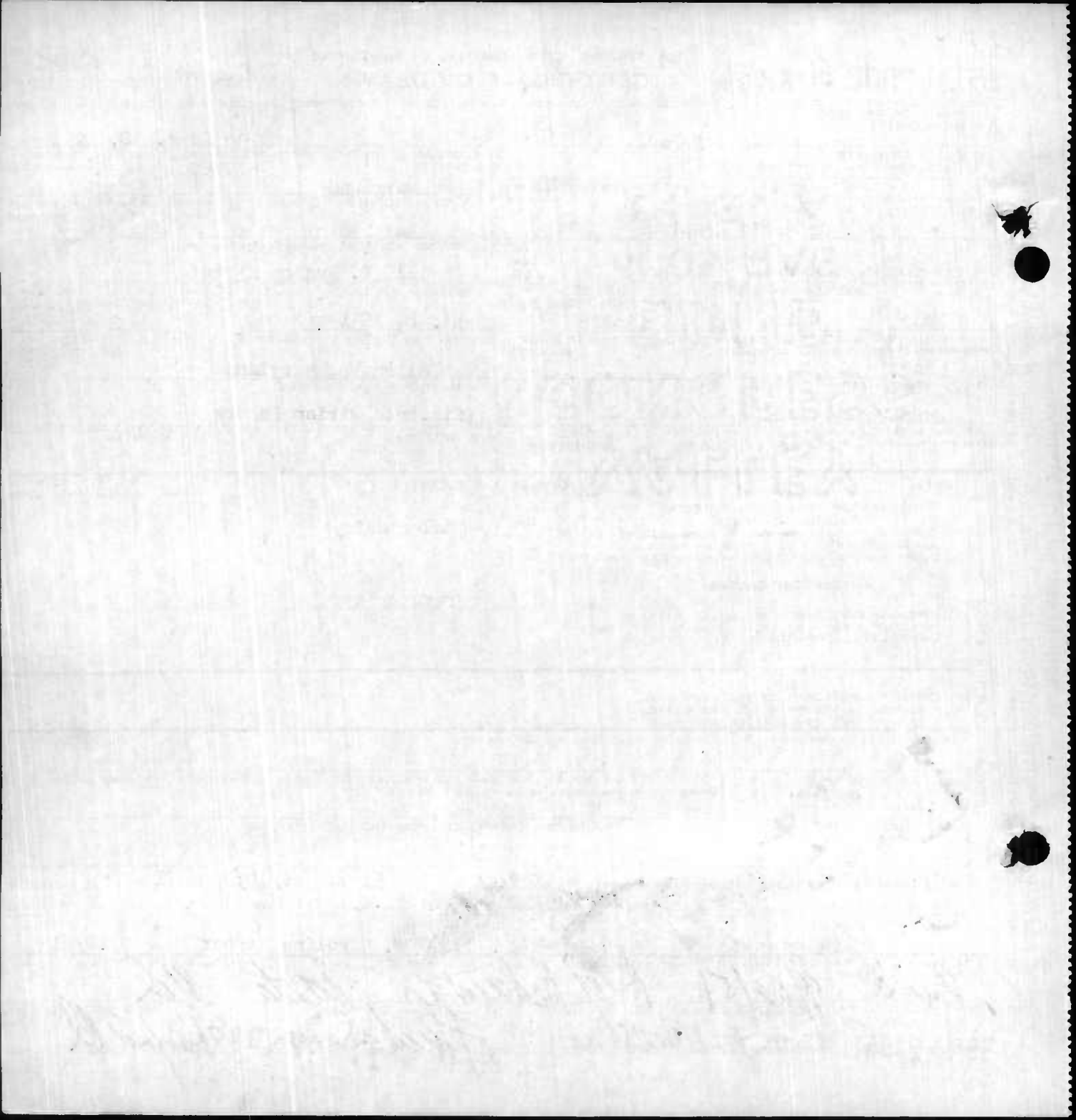
1. NAME OF DECEASED (Type or Print) <u>Baby Boy Paul</u>			2. DATE OF DEATH <u>Sept. 10, 1951</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>119 E. Hughes Street</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 8, 1951</u>		9. AGE (In years last birthday) <u>2</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>John Joseph Paul</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Miriam Rebuck</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <u>762.5</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis</u> DUE TO (A) <u>Prematurity</u> DUE TO (B) <u>Prematurity</u> DUE TO (C) <u>Prematurity</u>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/8/</u> , <u>1951</u> , to <u>9/10/</u> , <u>1951</u> , that I last saw the deceased alive on <u>9/10/</u> , <u>1951</u> and that death occurred at <u>8:08 A.M.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>1100 N. Caroline Street</u>		23C. DATE SIGNED <u>9/10/51</u>	
24A. BURIAL OR CREMATION REMOVAL (Specify)	24B. DATE <u>9/13/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>[Signature]</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR ADDRESS <u>[Signature]</u>	

SEP 12 1951  
VS T50

159





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7903

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Franklin

2. DATE  
OF  
DEATH

Sept. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Woodbine

5600

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital Inc

C. Length of stay in Baltimore

One

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1906

9. AGE (In years last birthday)

45

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

FEED BUSINESS

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Nathan Franklin

14. MOTHER'S MAIDEN NAME

Olevia Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

216-10-0694

17. INFORMANT

ADDRESS

Mrs. Gladys Franklin, Woodbine, Md.

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction 1 day

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1951, to Sept. 10, 1951, that I last saw the deceased alive on Sept. 10, 1951, and that death occurred at 8:04 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward M. Lytle M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9-13-1951

24C. NAME OF CEMETERY OR CREMATORY

MORGAN Chapel

24D. LOCATION (City, town, or county) (State)

CARROLL Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunstington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

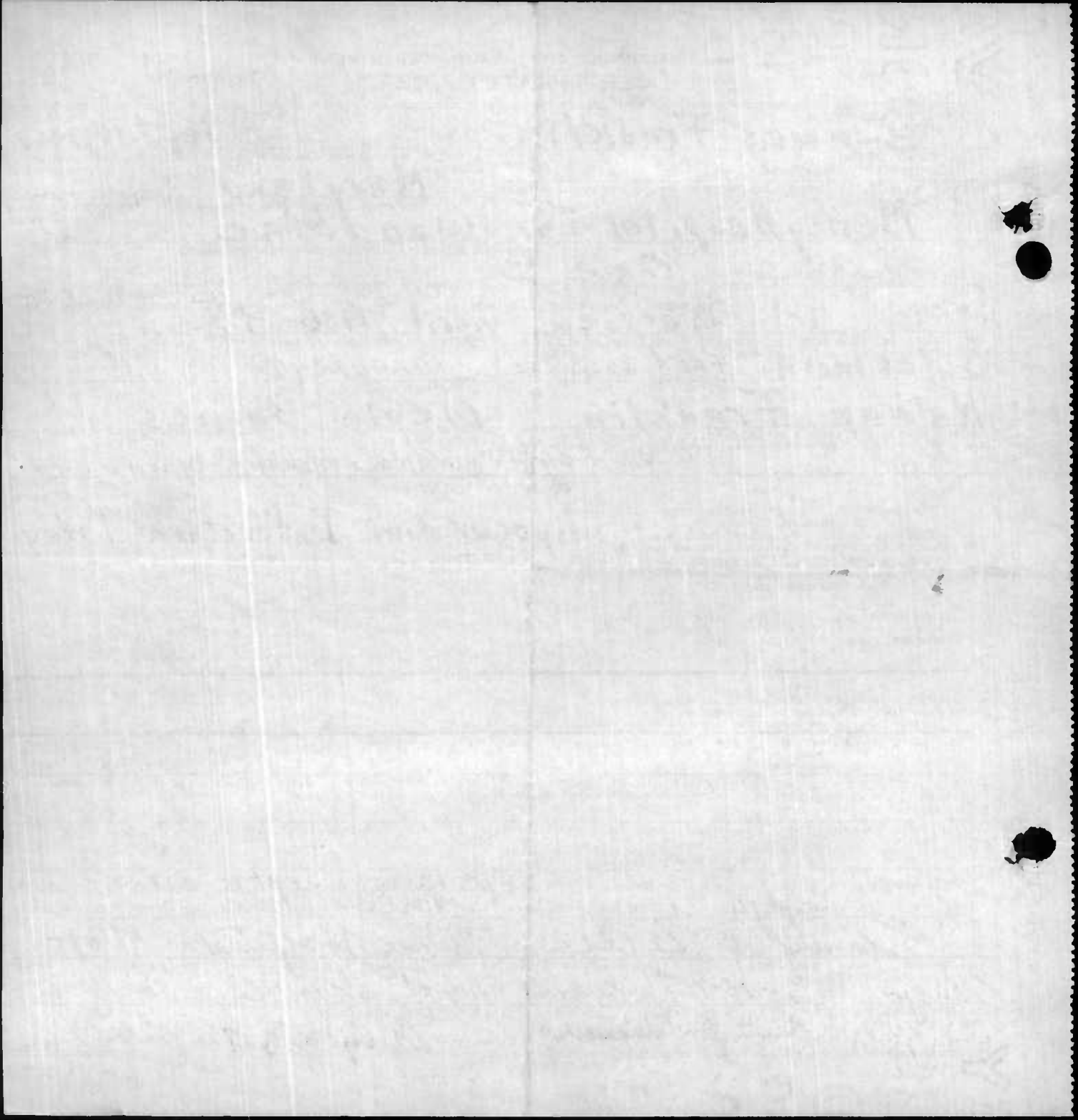
S.M. Wertz, Springfield, Md.

SEP 12 1951

VS 150

49068

94a



51 7904

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7904

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EARL A. CONSTAM

2. DATE  
OF  
DEATH

9/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balt Md*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

13-01

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

SINAI HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE BROOKS Lane

D. STREET ADDRESS (If rural, give location)

ESPLANADE APTS #1-FE #17

c. Length of stay in Baltimore 50 years

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/9/93

9. AGE (in years  
last birthday)

58

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Paint Manufacture

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Constam

14. MOTHER'S MAIDEN NAME

Minnie Frank

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-07-8839

17. INFORMANT

ADDRESS

Irma Constam Esplanade apt

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) PULMONARY ATAEFTHIS  
DUE TO INFARCTION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) HYPERT. ART. CARDIOVASCULAR  
DUE TO HEART DISEASE  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 8/29, 1951, to 9/10, 1951, that I last saw the deceased alive on 9/11, 1951, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Solomon Cohen M.D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Sept 13, 1951 Balt Hebrew

24D. LOCATION (City, town, or county)

Belair Rd Balt Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

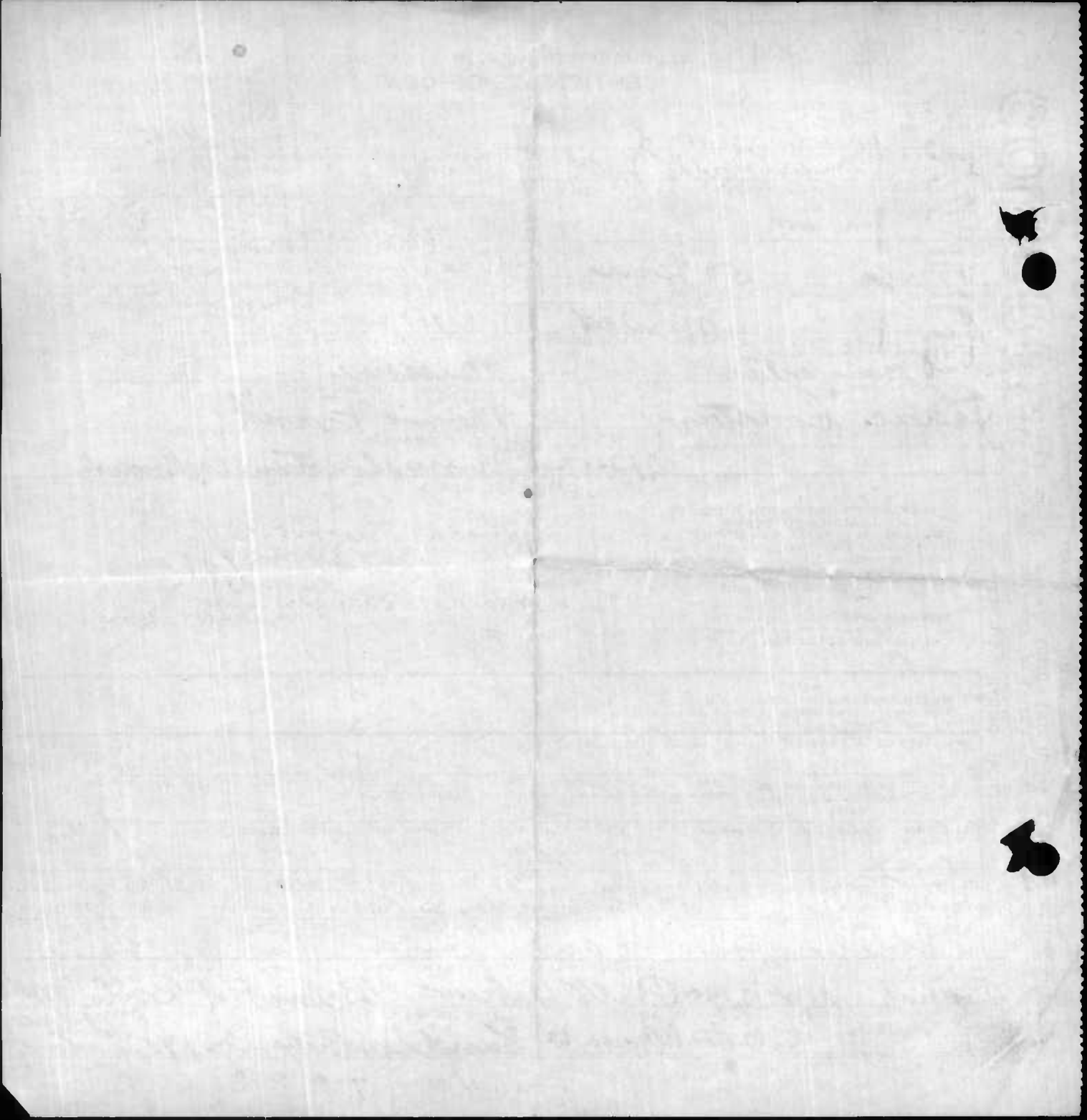
25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1951

Tutington Williams

David Sondheimer 1902 Entaw Place



51 7905

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

51 7905  
Registered No. 50833 1/2

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Payne

2. DATE  
OF  
DEATH

9-11-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland Howard

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Beachwood Rd 6200

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-10-57

9. AGE (In years  
last birthday) If Under 1 Year  
Months: Days: If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Payne

14. MOTHER'S MAIDEN NAME

Mary Kramet

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Mt. Henry Kramet Ellicott City Md

18. 762.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cerebral anoxia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

asphyxia

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1957, to 9/11, 1957, that I last saw the  
deceased alive on 9/11, 1957, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Furman

23B. ADDRESS

M. D.

Univ. Hospital

23C. DATE SIGNED

9/11/57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/12/57

24C. NAME OF CEMETERY OR CREMATORY

St. Marys Cem

24D. LOCATION (City, town, or county)

Ellicott City Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Easton Sons Catonsville

SEP 13 1957

VS 150

51000788 961a Md.





W 300 51 7906

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7906  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles White.

2. DATE  
OF  
DEATH

Sept 9, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived in institution or residence)

A. STATE

B. COUNTY

1202 Canal Court

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt 2 md 5-01

D. STREET ADDRESS (If rural, give location)

1202 Canal Ct

c. Length of stay in Baltimore

32 years

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 5, 1957, to Sept 9, 1957, that I last saw the deceased alive on Sept 8, 1957, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1957

VS 150

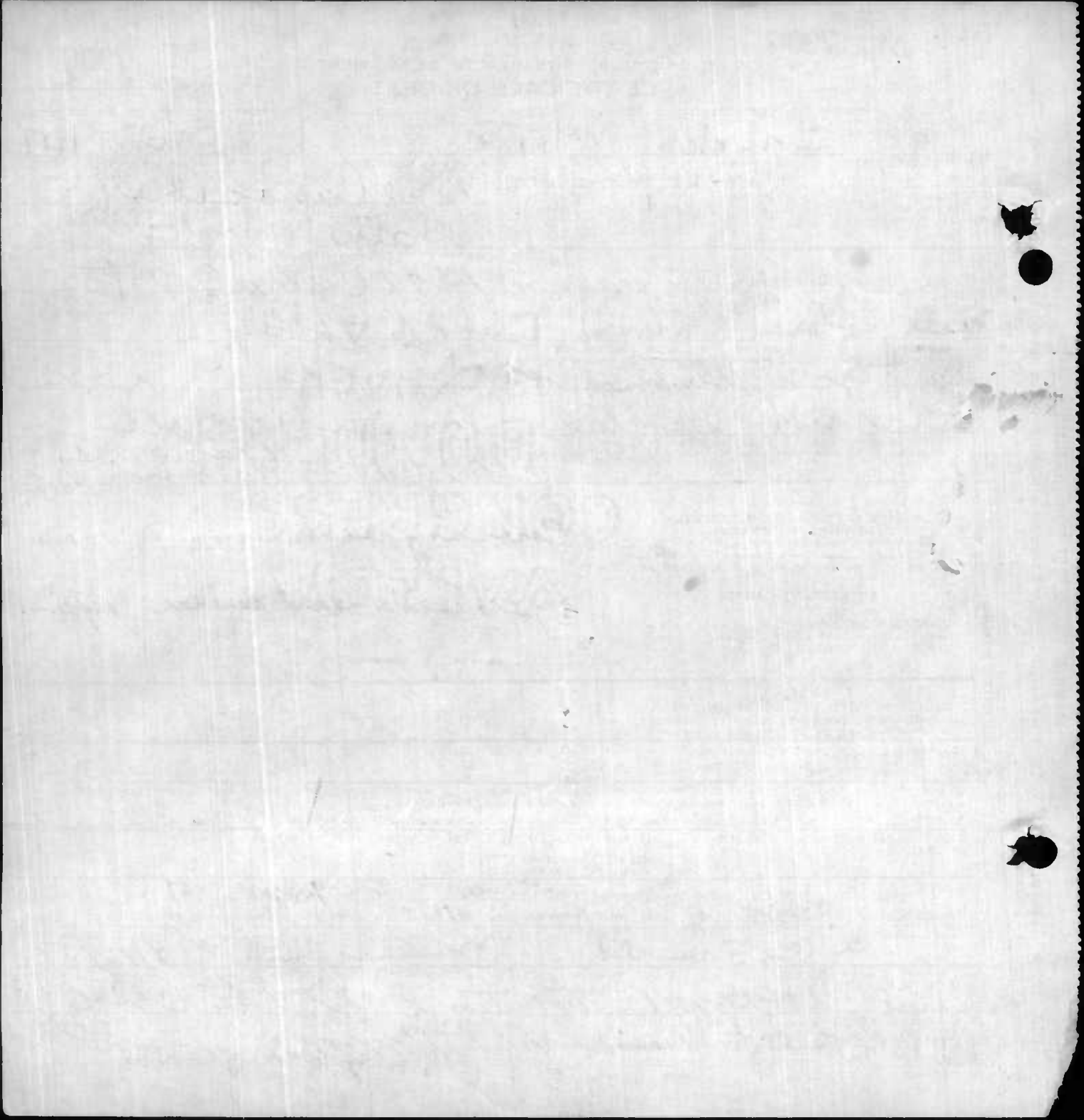
78058

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51

7907

CERTIFICATE CORRECTED

9-20-51

BALTIMORE CITY HEALTH DEPARTMENT

51

7907

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN

J.

GALLAGER

GALLAGHER

2. DATE  
OF  
DEATH

September 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Pennsylvania

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Wilkesbarre Shamokin

D. STREET ADDRESS (If rural, give location)

1512 W Arch St

C. Length of stay in Baltimore

7 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 29, 1923

9. AGE (In years

last birthday)

28

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

First Mate

10B. KIND OF BUSINESS OR INDUSTRY

Maritime Service

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Martin B. Gallagher

14. MOTHER'S MAIDEN NAME

Margaret King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

126-18-0363

17. INFORMANT

ADDRESS

Margaret King Gallagher, 1512 W. Arch St., Shamokin, Pa.

18. 581.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 11, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/15/51

24C. NAME OF CEMETERY OR CREMATORY

St Edwards

24D. LOCATION (City, town, or county)

Shamokin Pa

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

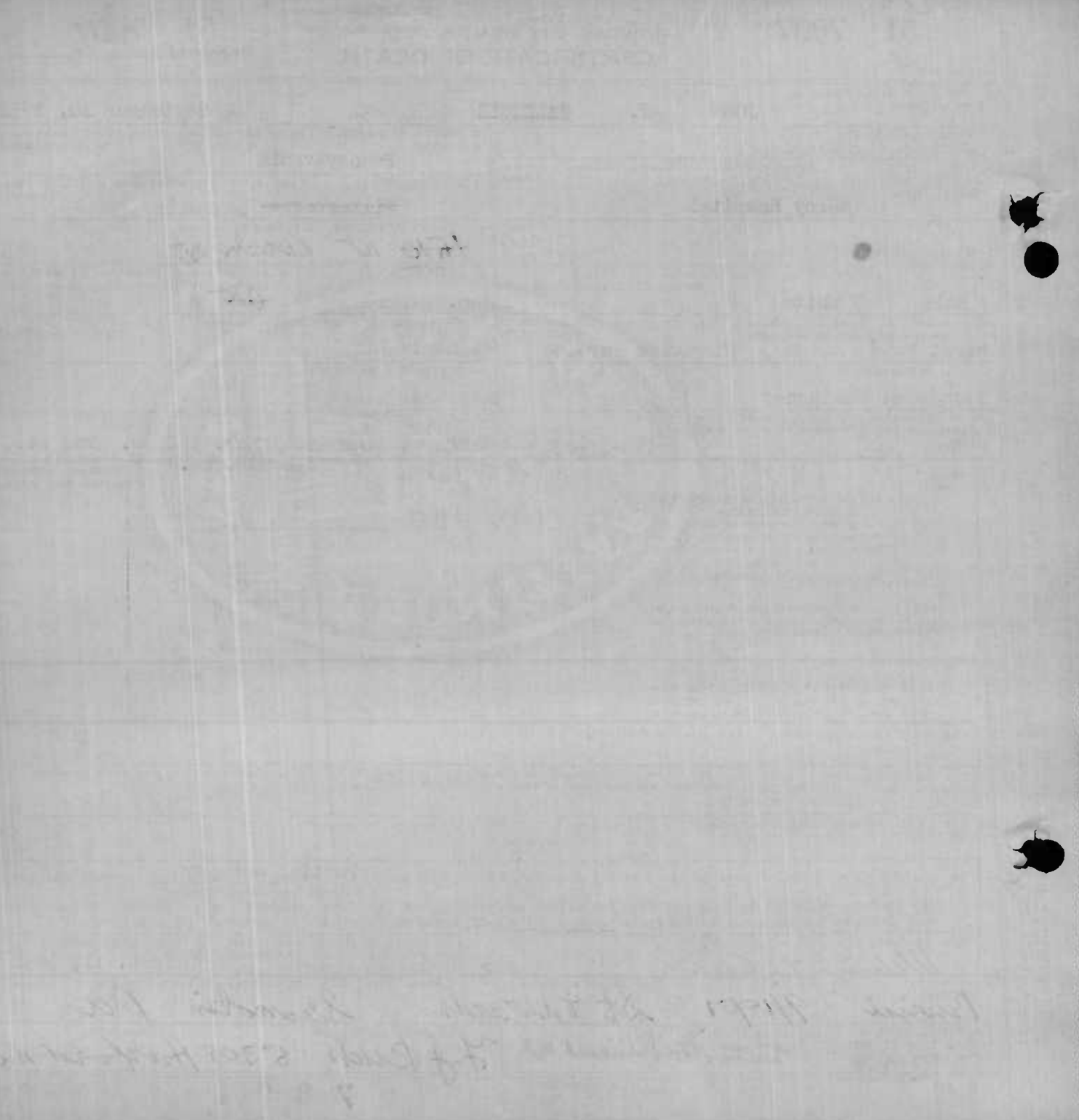
25. FUNERAL DIRECTOR

ADDRESS

J. J. Ruck 5305 Harford Rd

V S 151

240550007891124B



F-400

51 7908

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7908

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>WILLIAM CHARLES FOYLE</b>			2. DATE OF DEATH <b>September 10, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>U.S. Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>14-01</b>		
c. Length of stay in Baltimore <b>?</b> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>1532 Mt. Royal Avenue</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>5/22/21</b>	9. AGE (in years last birthday) <b>30</b>	If Under 1 Year Months: Days _____ If Under 24 Hours Hours: Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cab driver</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Sun Cab Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Charles Edward Foyle</b>			14. MOTHER'S MAIDEN NAME <b>Mary Rose Corbett</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>VV 2 - USN</b>	16. SOCIAL SECURITY NO. <b>169-16-5105</b>		
17. INFORMANT <b>Records- US PHS Hospital, Balto, Md.</b>			ADDRESS _____		

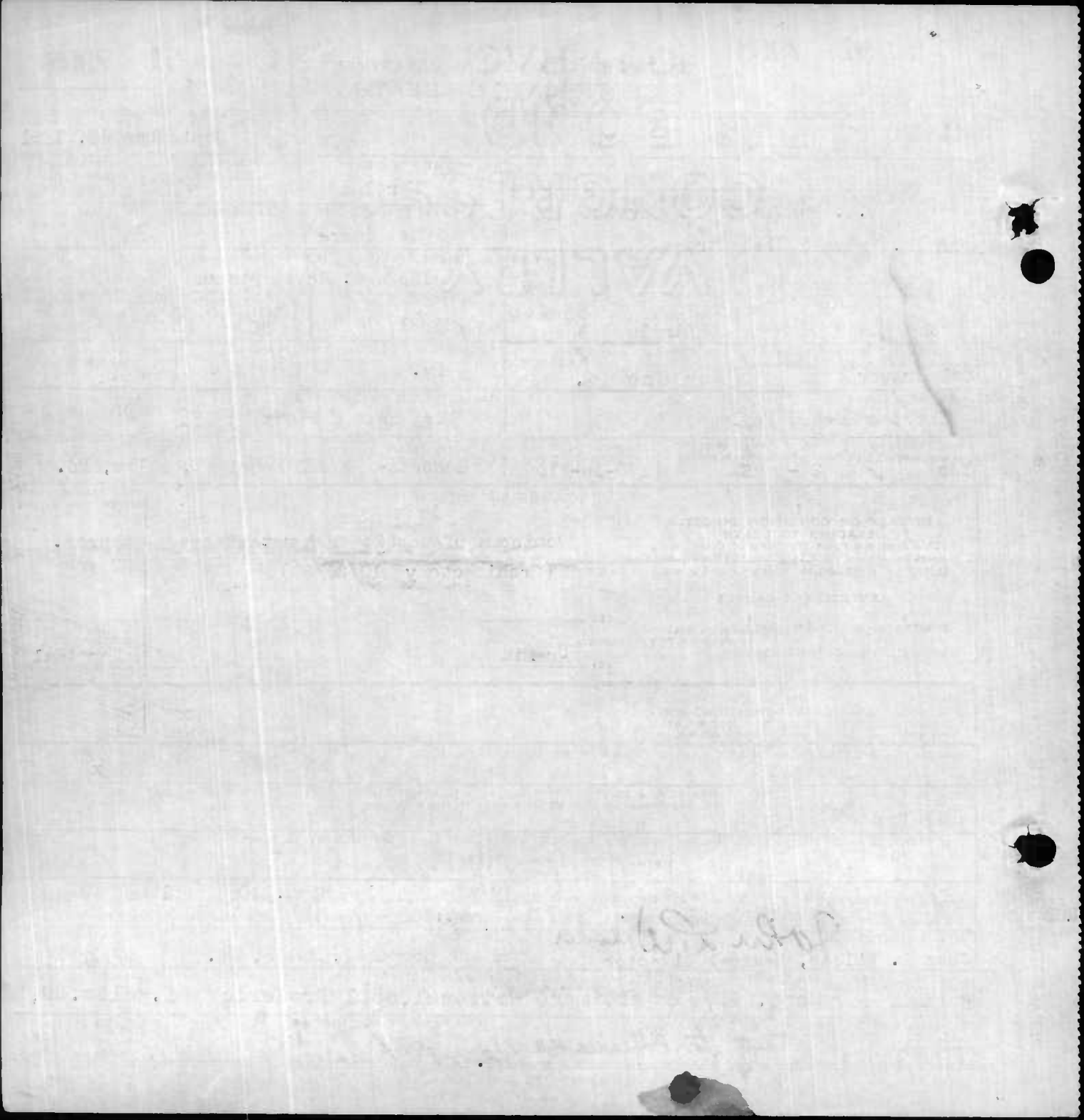
18. <b>178X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Seminoma of testis with metastases</b> DUE TO <b>(Orchidectomy 10/26/50)</b>			CAUSE OF DEATH <b>left</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Approx. 2 yrs</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Uremia</b> DUE TO _____ (C) _____						Terminal		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <b>7</b>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>July 27</b> , 1951, to <b>Sept. 10</b> , 1951, that I last saw the deceased alive on <b>Sept. 10, 1951</b> and that death occurred at <b>8:30P m.</b> , from the causes and on the date stated above.								
23A. SIGNATURE <b>John L. Wilson, Medical Director</b>			23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>			23C. DATE SIGNED <b>9/11/51</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24B. DATE <b>Sept. 13/51</b>			24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>		
24D. LOCATION (City, town, or county) (State) <b>Balto. 29, Md.</b>								
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1951</b>			REGISTRAR'S SIGNATURE <b>Wm. Williams, M.D.</b>			25. FUNERAL DIRECTOR <b>Harry H. Ruffe</b>		
VS 150			68254			51c am		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RGB





51 7909

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7909

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN

MARSHALL D. BREEDEN

2. DATE  
OF  
DEATH

September 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-01

D. STREET ADDRESS (If rural, give location)

222 E. Churchill Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

38

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

SHEET METAL

10B. KIND OF BUSINESS OR  
INDUSTRY

STOVE MFG.

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

ROBERT BREEDEN

14. MOTHER'S MAIDEN NAME

SARAH ANN MURRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MATTIE R. BREEDEN 225 CHURCHILL ST

18. E976X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bullet wound of chest

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

222 E. Churchill Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Sept. 11, 1951 5:23 P.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 12, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/15/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

LIDIA, VA.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 13 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGHT ST

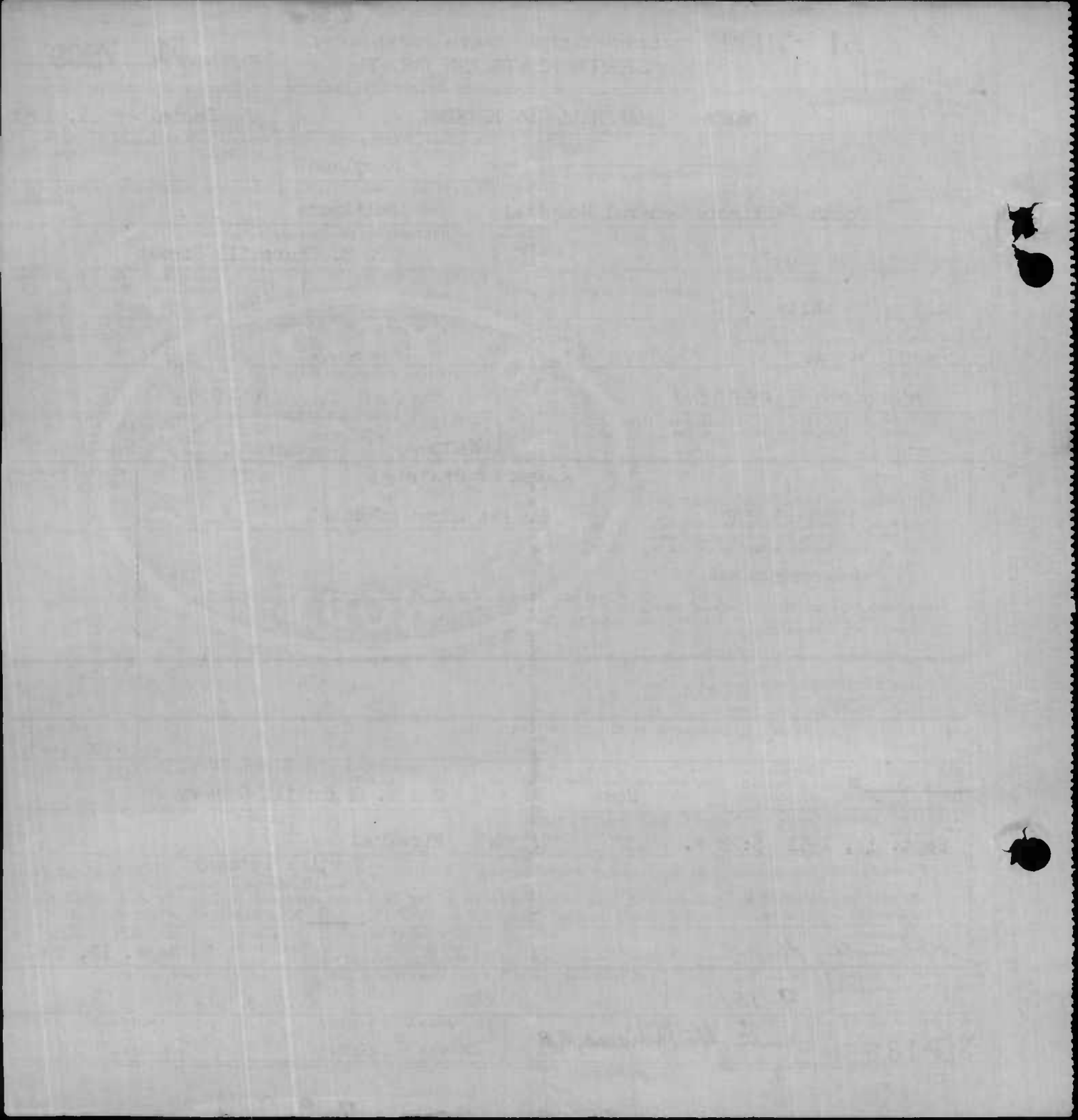
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✓



M. 320  
B. 620

51 7910

51 7910

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Mary M. Matthews Burke</i>		2. DATE OF DEATH <i>9/10/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>115 W. West Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 22-01</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>115 W West Street</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>E</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>8/9/1915</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? —	
13. FATHER'S NAME <i>John Anderson</i>		14. MOTHER'S MAIDEN NAME <i>Mary R Gross</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Mary R Kent</i>		ADDRESS <i>115 W. West</i>	

18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chr. Pul Y. B.</i>		CAUSE OF DEATH <i>Chr. Pul Y. B.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/26/1951</i> to <i>9/10/1951</i> , that I last saw the deceased alive on <i>9/10/1951</i> , and that death occurred at <i>11:40 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Walter J. Taylor</i>		23B. ADDRESS <i>Catonsville 2824</i>		23C. DATE SIGNED <i>9/12/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Ch. &amp; Co., Md</i>	
24D. LOCATION (City, town, or county) (State) <i>108 W</i>		25. FUNERAL DIRECTOR <i>J. L. Brown &amp; Son</i>		ADDRESS <i>Montgomery</i>	

DATE RECEIVED BY LOCAL REGISTRAR  
SEP 13 1951

REGISTRAR'S SIGNATURE  
*Wm. Williams*

VS 150

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Q. Y. L. D. m. d.

12/1/1928 11/1/28 10/1/28 9/1/28 8/1/28 7/1/28 6/1/28 5/1/28 4/1/28 3/1/28 2/1/28 1/1/28

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Bode - LINDA A.

2. DATE  
OF  
DEATH

9-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY F.O.S.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2.

D. STREET ADDRESS (If rural, give location)

2737 E. Preston St.

c. Length of stay in Baltimore

1 1/2

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-10-1951

9. AGE (In years last birthday)

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Bode

14. MOTHER'S MAIDEN NAME

Margaret Belcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

2737 E. Preston St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Prematurity

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 day

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-1951 to 9-11-1951, that I last saw the deceased alive on 9-11-1951 and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Engel Ch. Baumann, M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

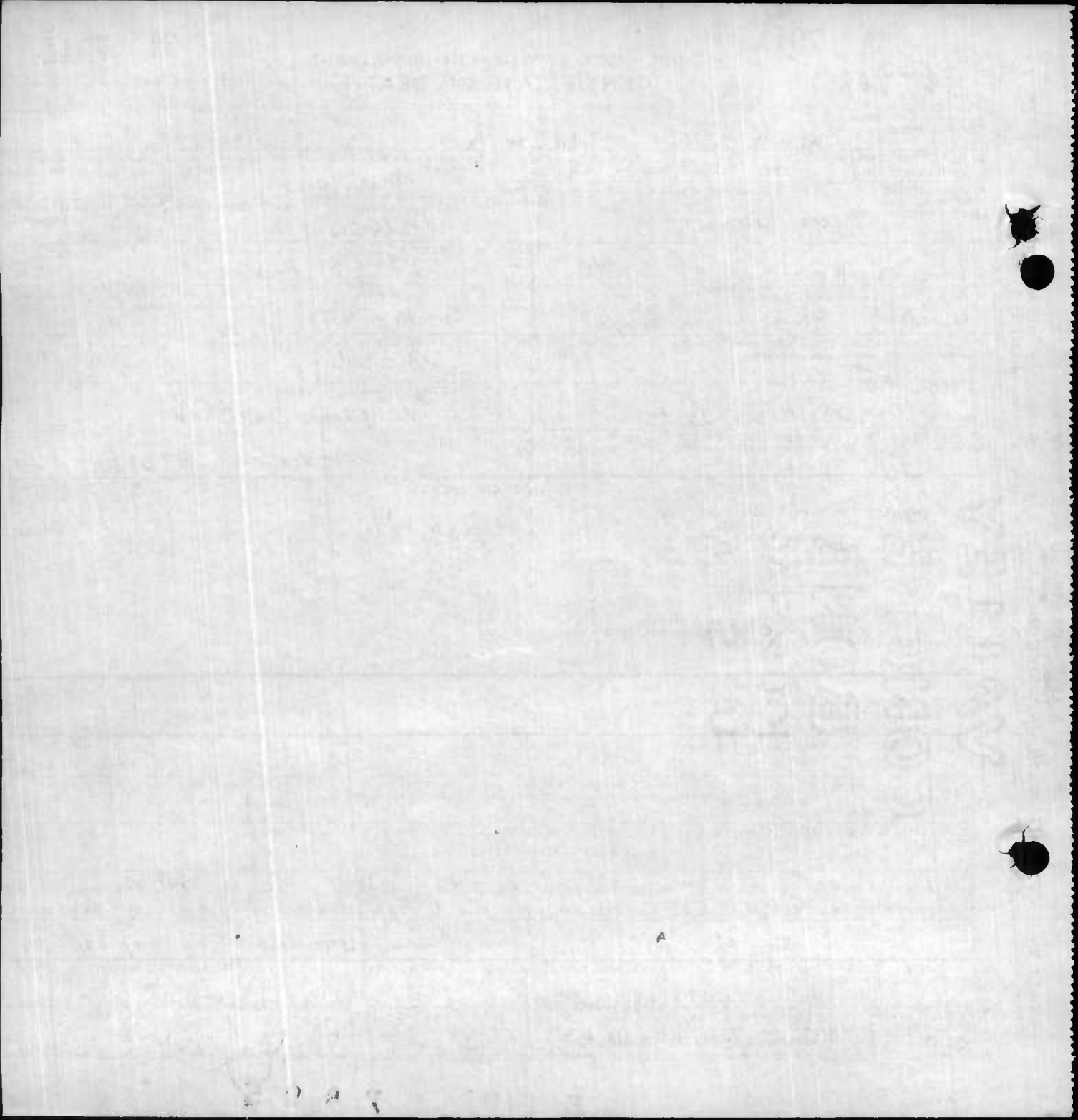
ADDRESS

SEP 13 1951

Wilmington, Delaware

John C. Miller, Inc. - 2425 E. Oliver St.





51 7912

51 7912

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Samuel Singer

2. DATE  
OF  
DEATH

Sept. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-03

D. STREET ADDRESS (If rural, give location)

411 N. Collington Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

1B.

241X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

Bronchial Asthma 3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1951, to Sept. 12, 1951, that I last saw the deceased alive on Sept. 12, 1951, and that death occurred at 8:25 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

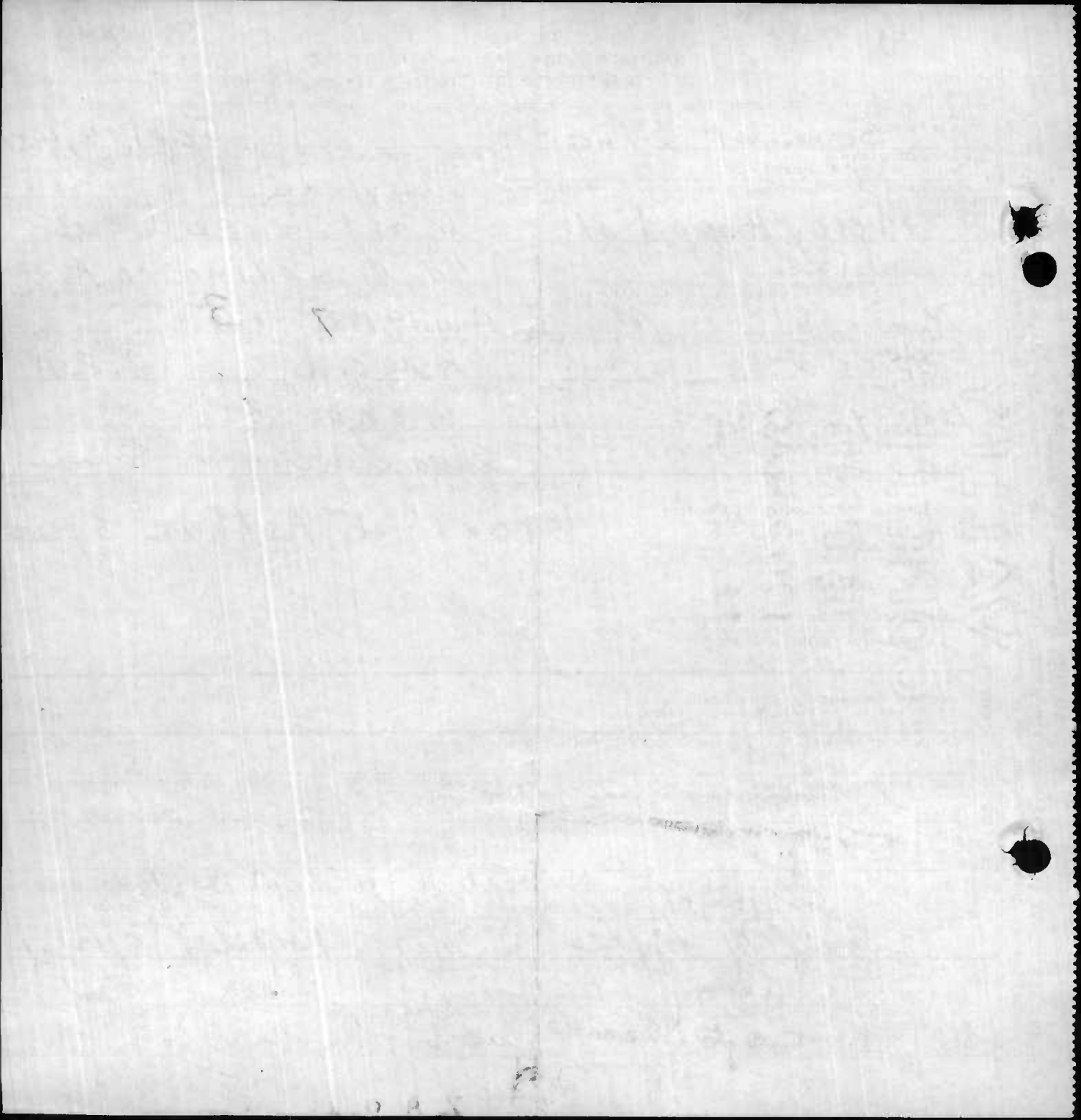
VS 150

1951 5906E 2806

112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



N-134

51 7913

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7913

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LOUIS

~~NAFTEL~~ NAFTEL2. DATE  
OF  
DEATH

September 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

345 Ballou Court

c. Length of stay in Baltimore

60

Yrs.  
Mon.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ada NafTEL - Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive and arteriosclerotic

xoxox cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dineen

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 12, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

9-13-51

24D. LOCATION (City, town, or county) (State)

Rosedale

Baltimore

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Eutan Rd

V S 151

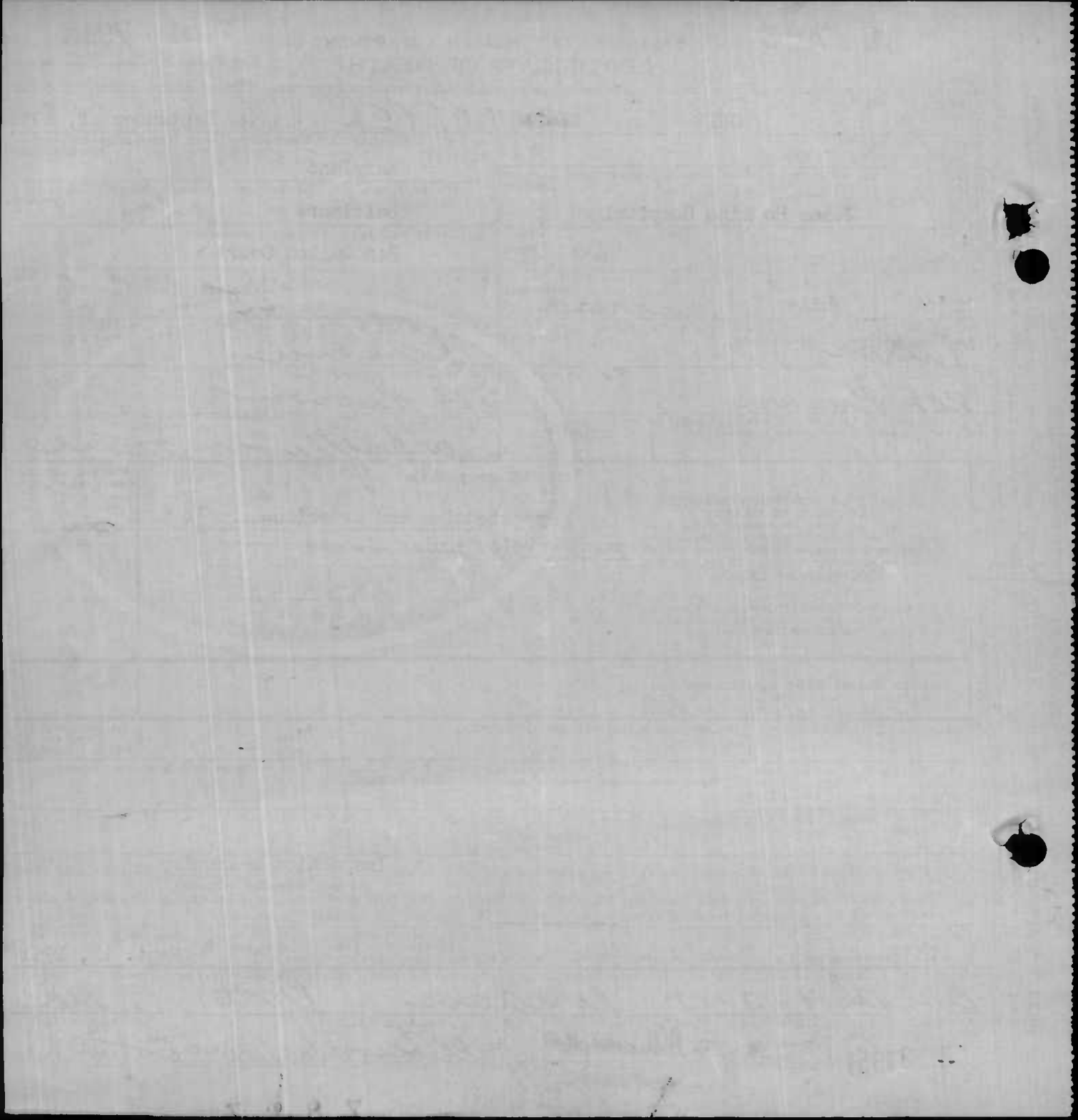
520650 222222

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>ANDREW P. SCHUPPNER</b>			2. DATE OF DEATH <b>Sept. 11, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1622 E. 31st. Street</b>			D. STREET ADDRESS (If rural, give location) <b>1622 E. 31st. Street</b>			9-06		
c. Length of stay in Baltimore <b>Life</b>			Yrs. Mos. Days			8. DATE OF BIRTH <b>April 16, 1893</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	9. AGE (In years last birthday) <b>58</b>			10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>B &amp; O R.R. Co.</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John Schuppner</b>			14. MOTHER'S MAIDEN NAME <b>Minnie Beschoff</b>			17. INFORMANT <b>1622 E. 31st. Street - 18</b> <b>Mrs. Sarah A. Schuppner</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>2</b>			17. INFORMANT <b>1622 E. 31st. Street - 18</b> <b>Mrs. Sarah A. Schuppner</b>		
1B. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			(A) <b>Cerebral Hemorrhage</b> DUE TO			<b>1/2 hour</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) <b>Hypertensive Cardiovascular Disease</b> DUE TO			<b>3 years</b>		
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>1949</b> , 19 <b>9/11</b> , to <b>9/11</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9/11</b> , 19 <b>51</b> , and that death occurred at <b>3:30 P.m.</b> , from the causes and on the date stated above.								
23A. SIGNATURE <b>Wesley H. Jannet</b>			23B. ADDRESS <b>14 E. Egan St</b>			23C. DATE SIGNED <b>9/14/51</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>			24B. DATE <b>9/14/51</b>			24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>		
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>			24E. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>			24F. ADDRESS <b>BALTIMORE * 13, MD.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1951</b>			REGISTRAR'S SIGNATURE <b>Wesley H. Jannet</b>			24G. ADDRESS <b>BALTIMORE * 13, MD.</b>		





1-550

51 7915

51 7915

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>MAY LENNAN</b>		2. DATE OF DEATH <b>Sept. 11, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3306 Westerwald Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>3306 Westerwald Avenue</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 1, 1898</b>	9. AGE (In years last birthday) <b>53</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School teacher</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Dep't Store</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
13. FATHER'S NAME <b>William Whitley</b>		14. MOTHER'S MAIDEN NAME <b>Lottie Ward</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT <b>3306 Westerwald Avenue Burgess R. Lennan -18</b>	

18. <b>170x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinomatosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b> <b>2 yrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Primary Ca Breast</b> DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <b>Radical Mastectomy 2 yrs ago.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 15, 1951</b> to <b>9-11 - 1951</b> that I last saw the deceased alive on <b>9-11 - 1951</b> and that death occurred at <b>8 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert H. H. H.</b>		23B. ADDRESS <b>3105 N. Charles St. 18</b>		23C. DATE SIGNED <b>9-12-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>9/14/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b> <b>BALTO., 13, MD.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams, Jr.</b>			

VS 150

510 4906C

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEATH CERTIFICATE CHANGED 11/2/51 ES				51 7916	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No. _____	
CERTIFICATE OF DEATH					
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <b>MARGARET J. Diamond</b>				2. DATE OF DEATH <b>Sept. 12, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hosp. of Maryland</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>				D. STREET ADDRESS (If rural, give location) <b>3448 Parklawn Ave</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 15, 1903</b>	9. AGE (In years last birthday) <b>47</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>LAUNDRY</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
13. FATHER'S NAME <b>John Stock</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) <b>no</b>				14. MOTHER'S MAIDEN NAME <b>Mamie Siebert Cunningham</b>	
16. SOCIAL SECURITY NO. <b>?</b>				17. INFORMANT <b>3448 Parklawn Avenue James E. Diamond</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>18. <b>010X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p style="text-align: center;">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p style="text-align: center;">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p> </div> <div style="width: 45%;"> <p style="text-align: center;">CAUSE OF DEATH</p> <p>(A) <del>Tuberculous meningitis</del> DUE TO <b>Tuberculous meningitis</b></p> <p>(B) _____ DUE TO _____</p> <p>(C) _____</p> </div> <div style="width: 10%;"> <p>INTERVAL BETWEEN ONSET AND DEATH <b>(over)</b></p> </div> </div>					
19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 5, 1951</b> , to <b>Sept 12, 1951</b> , that I last saw the deceased alive on <b>Sept. 12, 1951</b> , and that death occurred at <b>8:14</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Richard P. Gendron</b>		23B. ADDRESS <b>Lutheran Hosp.</b>		23C. DATE SIGNED <b>9-12-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/15/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1951</b>		REGISTRAR'S SIGNATURE <b>William H. Williams</b>		ADDRESS <b>BALTO., 13, MD.</b>	

The Bureau of Tuberculosis received animal inoculation  
positive for tuberculosis report on October 26, 1951  
for the deceased and Dr. P. S. Gottlieb authorized  
correction after due notification.

See Document File 51-7-16 11/2/51 ES



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 7917

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 7917

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Fred Baggan (Frederick Baggan)

2. DATE  
OF  
DEATH

9-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-06

D. STREET ADDRESS (If rural, give location)

1601 E. 28th St.

C. Length of stay in Baltimore

35 yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-17-1881

9. AGE (In years last birthday)

70

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Renovating business

10B. KIND OF BUSINESS OR INDUSTRY

own

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Baggan

14. MOTHER'S MAIDEN NAME

Henrietta Pilschen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT 1601 E. 28th. Street - 18 Mrs. Eugenie L. Baggan

18. 420.1 and 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) myocardial infarction

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) coronary thrombosis

(C) Arteriosclerotic cardiovascular disease

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of the stomach to metastasis

19A. DATE OF OPERATION

8-30-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of stomach to metastasis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK HOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1951, to 9-10, 1951, that I last saw the deceased alive on 9-29, 1951, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul S. Corcoran

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

9/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9/13/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cem. Baltimore, Md.

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Custington Williams

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

ADDRESS

BALTO., 13, MD. Henry T. Sander

VS 150

5 890 847 901

46B



RECEIVED  
CENTRAL  
JAN 10 1964

RECEIVED

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JAN 10 1964

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RECEIVED



51 7918

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7918

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MIRA

L.

CREUTZER

2. DATE  
OF  
DEATH

September 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4804 Haddon Avenue

c. Length of stay in Baltimore

62

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Sept. 18, 1879

9. AGE (In years  
last birthday)

71

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

13. FATHER'S NAME

O. T. Powell

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Fred Creutzer, Sr., 4804 Haddon Avenue

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 13, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/15/51

24C. NAME OF CEMETERY OR CREMATORY

MEADOW RIDGE

24D. LOCATION (City, town, or county)

WASH BLVD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. H. Williams, Jr.

25. FUNERAL DIRECTOR

GEO. H. LEIMBACH

ADDRESS

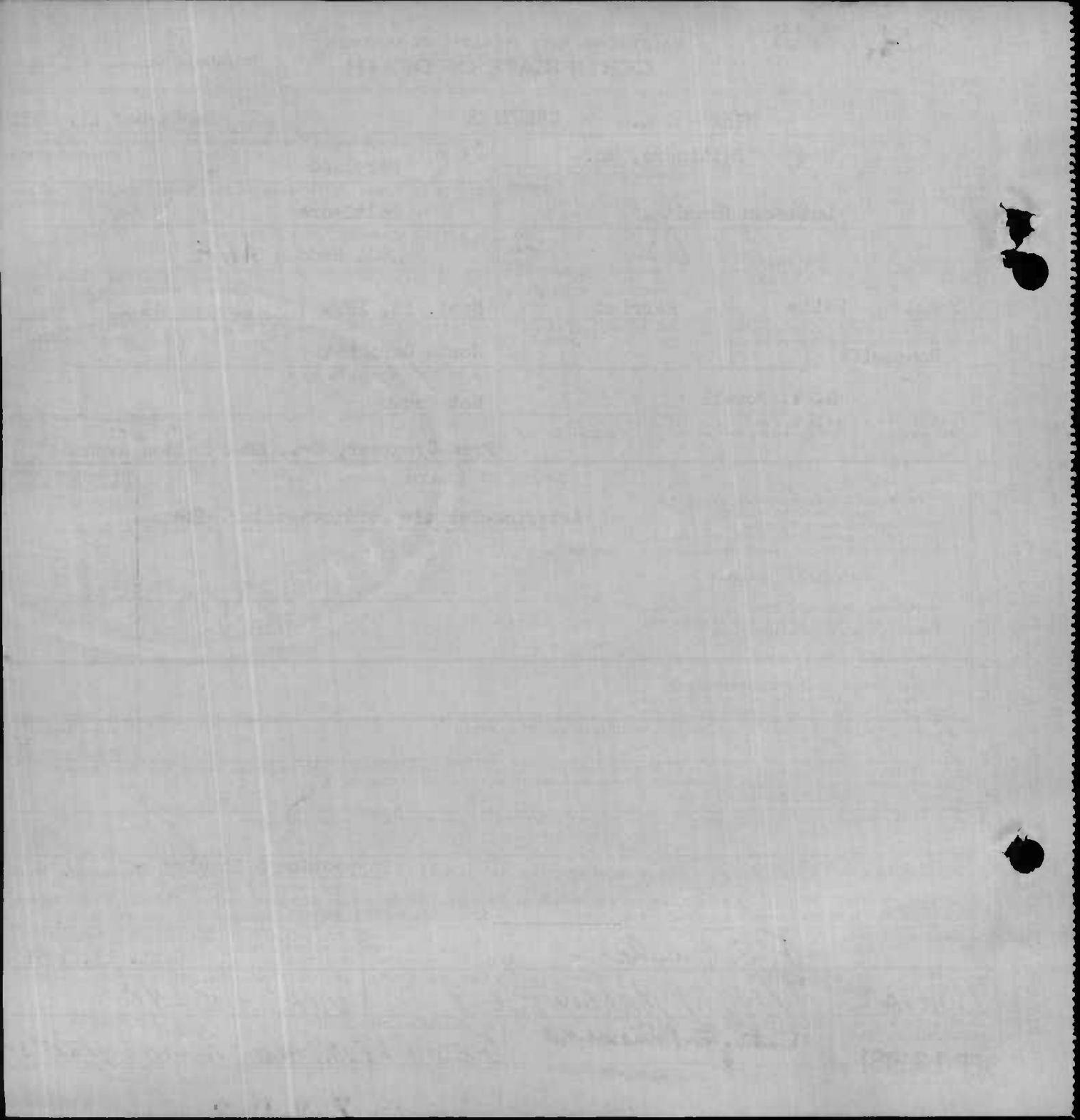
528 N. LYNDA HURST ST

SEP 13 1951

1951 1000790093

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is usually important. Physicians: please write the causes of death clearly and briefly.

CITY OF BALTIMORE  
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

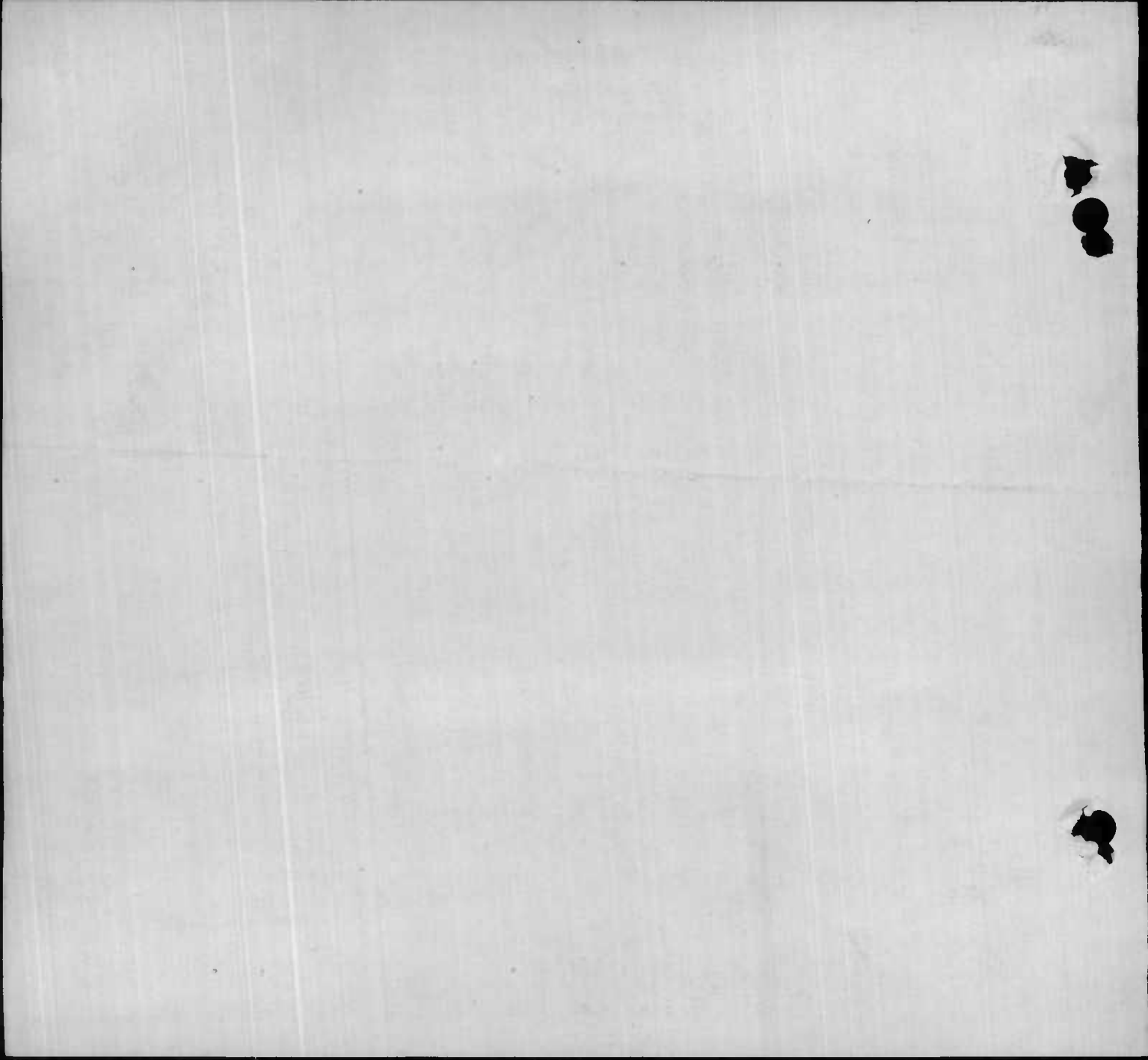
1. PLACE OF DEATH- COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		Md.		COUNTY		Baltimore	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		115 E. Melrose Ave. Long Green Nursing Home				Towson		STREET ADDRESS		(If rural, give location) 6317 North Charles St.	
3. NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
ANTOINE						GIRARDIN		SEP 11		1951	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday		If under 1 year Months Days Hours Min.	
Male		White		Single		Feb. 5, 1880		71 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?					
Sailmaker		Coast Guard		Maryland							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME									
Emil Girardin		Mary E. Christian									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS							
no		-		Mr. John Girardin - 6317 N. Charles St.							

18. MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH											
Immediate cause (a) Hypostatic Pneumonia											
Antecedent cause(s) (b) Cirrhosis of liver - Hypertension											
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General Paresis - Fracture of Right hip.											
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
CERTIFICATION APPROVED BY											
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION											
RFF											
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) CITY OR TOWN COUNTY STATE											
SUICIDE HOMICIDE Accident 115 E. Melrose Ave. - Nursing Home											
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?											
OF INJURY 7-17-51 m. While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/> Slipped - fell to floor											
22. I hereby certify that I attended the deceased from July 2, 1951, to Sept. 10, 1951, that I last saw the deceased alive on Sept. 10, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.											
SIGNATURE Dr. Lee K. Fargo ADDRESS 8215 Loch Raven Blvd. DATE SIGNED 9-11-51											
23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)											
Burial 9/13/51 Lorraine Cem. Woodlawn, Md.											
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S ADDRESS											
SEP 13 1951 [Signature] [Signature] 186a Balto Mld.											

N 820.0

39491

186a Balto Mld.



51 7920

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7920

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

BLANCHE E. OSING

2. DATE  
OF  
DEATH Sept. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION 523 E. 22nd St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

523 E. 22nd St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 16, 1880

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Bookkeeper (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

Paste &amp; Dye

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Osing

14. MOTHER'S MAIDEN NAME

Stella Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Leila R. Osing-523 E. 22nd St.

18. 170X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, athenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

6 mos

18 mos

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to Sept. 10, 1951, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m. from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. White

M. D.

23B. ADDRESS

3809 Greenwood Ave

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/13/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunstington Williams

25. FUNERAL DIRECTOR

Wm. J. Vickner &amp; Sons

ADDRESS

50 Balto Md.

VS 150

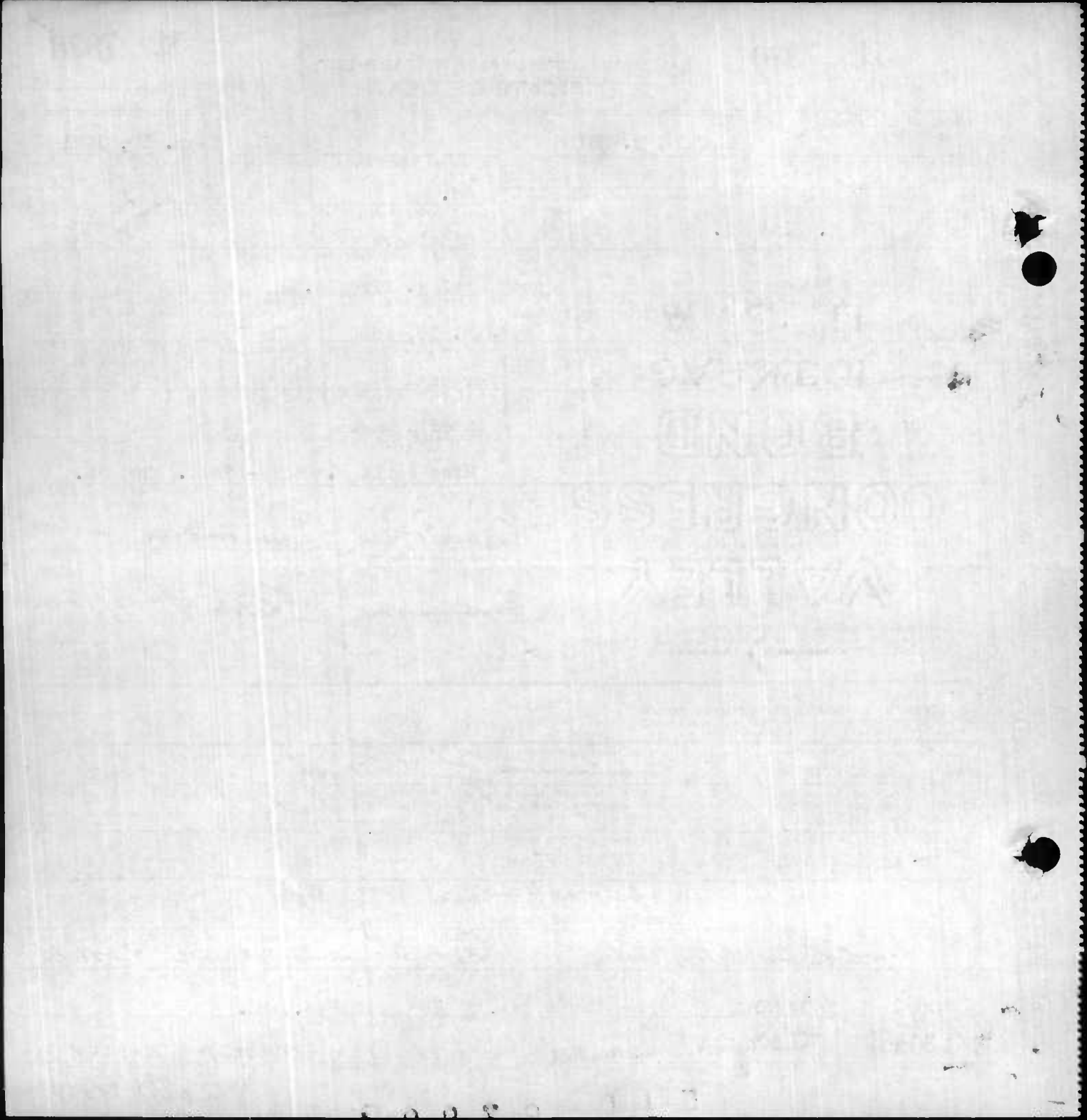
3104R

50 Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WADE HAMPTON WEBER

2. DATE  
OF  
DEATH

9/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2913 Overland Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2913 Overland Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 28, 1876

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Hatter

10B. KIND OF BUSINESS OR  
INDUSTRY

M. S. Levy

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Edward Weber

FDR HATS (M)

14. MOTHER'S MAIDEN NAME

Louise Ohlgart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mary C. Kastner, 2913 Overland Avenue

18. 42011

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

9/10/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A) DUE TO

(B) ANGINA PECTORIS

(C) DUE TO

1940

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939, 19 to 9/11/51, 19, that I last saw the  
deceased alive on 9/10, 1951, and that death occurred at 9A. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Parfain

M. D.

23B. ADDRESS

4351 Harford Rd

23C. DATE SIGNED

9/11/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

9/14/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

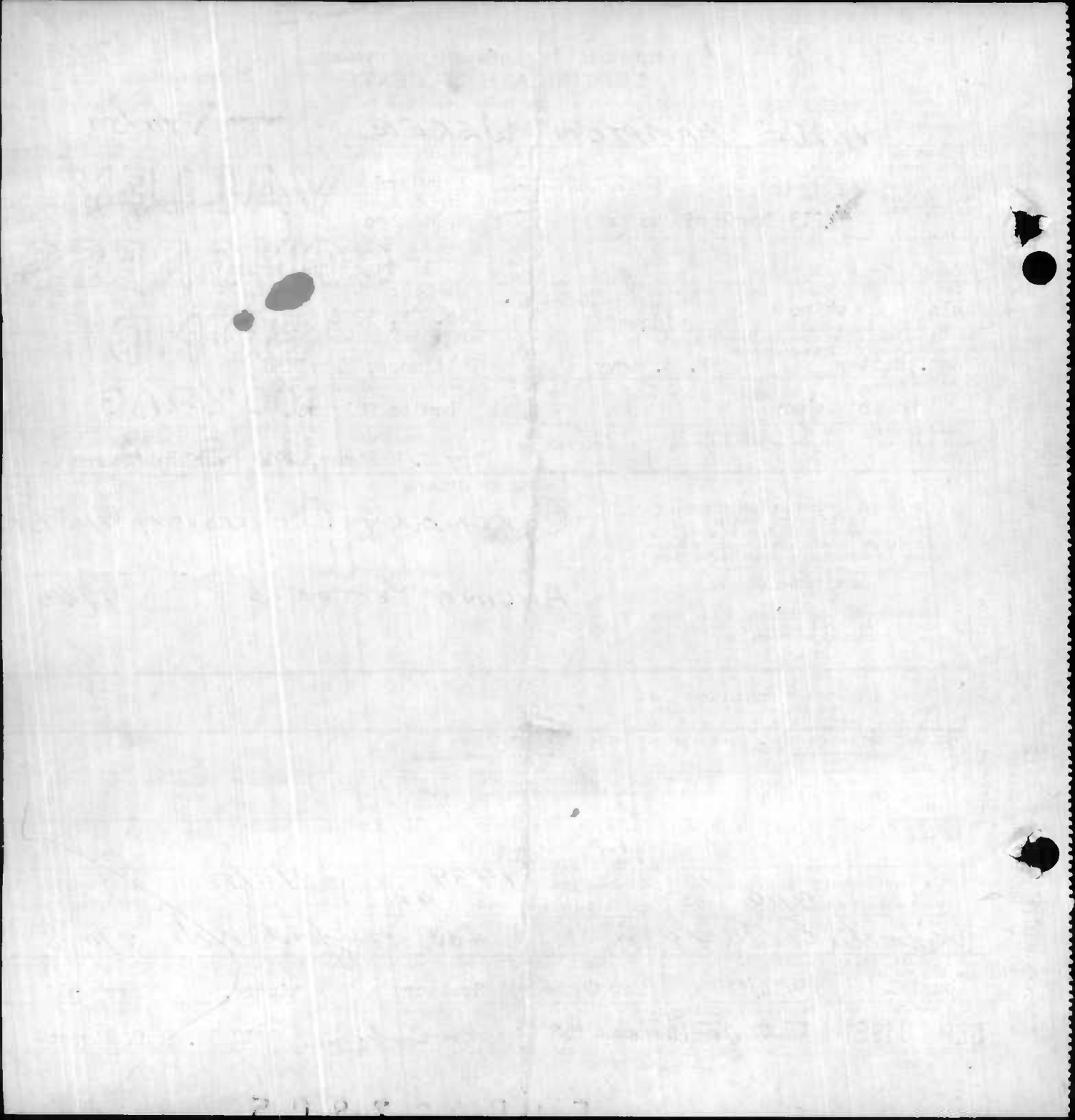
25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1951

T. W. Williams, M.D.

H. M. Cook, Inc., 1217 St. Paul Street



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7922  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HARRY (HENRY) GREGORY</b>		2. DATE OF DEATH <b>September 11, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>1125 Monroe Circle</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1125 Monroe Circle</b>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 8, 1887</b>
		9. AGE (In years last birthday) <b>64</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook - Short Order</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>England</b>
13. FATHER'S NAME <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>216-05-4715</b>	
		17. INFORMANT ADDRESS <b>Ruth Pruitt, 1125 Monroe Circle</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> (A) <del>XXXXXX</del>	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary occlusion</b> (B) <del>XXXXXX</del> <b>Myocardial infarct</b> (C)	

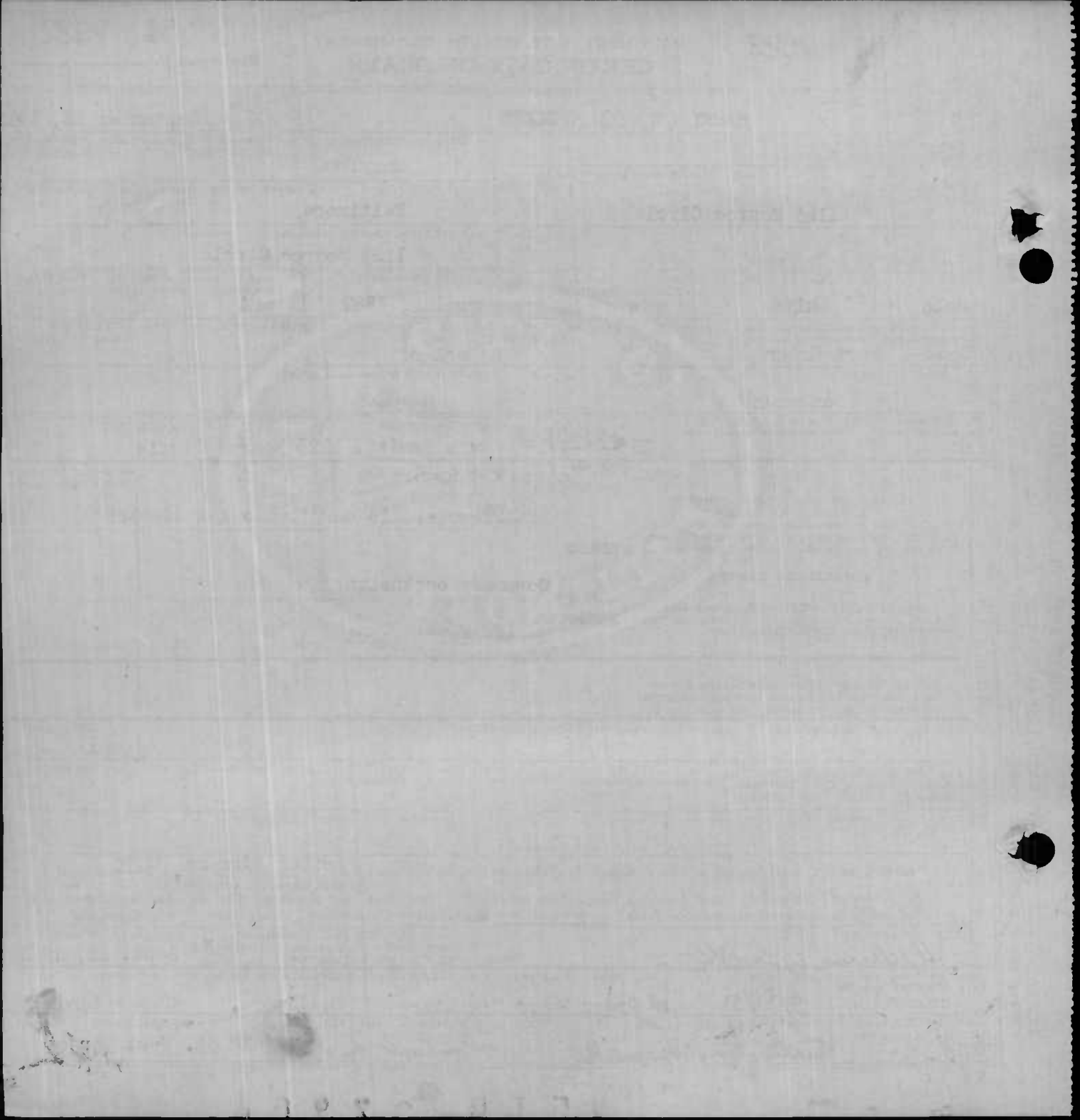
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE  
*William V. Smith*  
M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED  
**Sept. 11, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**cremation** 24B. DATE  
**9/13/51** 24C. NAME OF CEMETERY OR CREMATORY  
**Green Mount Crematory** 24D. LOCATION (City, town, or county) (State)  
**Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR  
**SEP 13 1951** REGISTRAR'S SIGNATURE  
*Huntington Williams, Jr.* 25. FUNERAL DIRECTOR ADDRESS  
**Wm. Cook, Inc. 1217 St. Paul Street**



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 7923

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Michael Murray

2. DATE  
OF  
DEATH

Sept. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

99 Baltimore Avenue

5300

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Feb. 9, 1886

9. AGE (In years last birthday)

65

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Night Watchman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Thomas G. Henderson, 3011 Bayonne Ave

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma of sigmoid

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22/1951 to 9/11/1951, that I last saw the deceased alive on 9/11/1951, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9/14/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1951

Huntington Williams, Jr.

Hm. Cook, Inc. 1217 St. Paul Street

VS 150

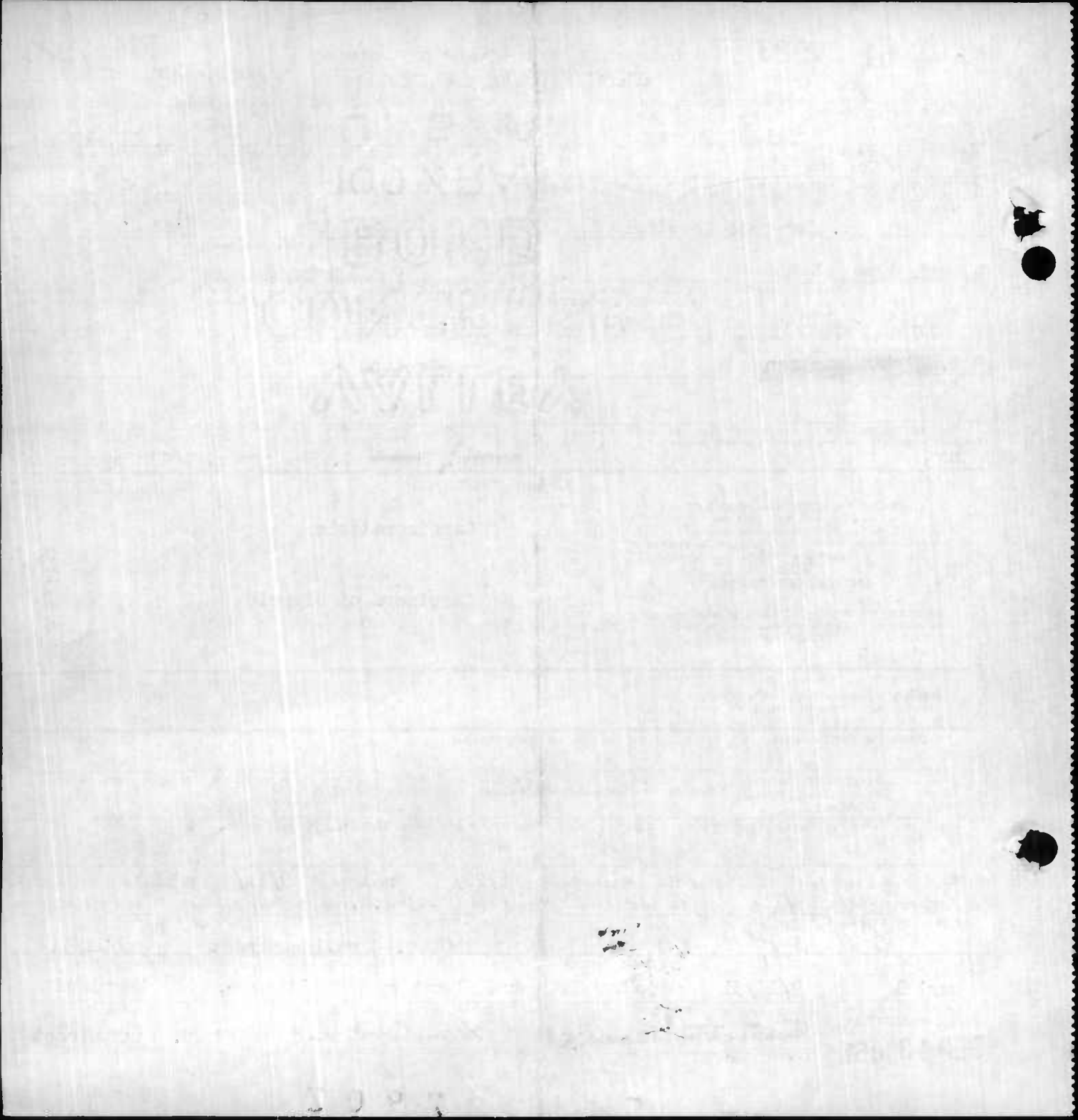
763 74 7907

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Emmaline Z. Faulkner</b>		2. DATE OF DEATH <b>September 11, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>922 Montpelier Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>922 Montpelier Street</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 27, 1877</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	9. AGE (In years last birthday) <b>73</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>William Tindle</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Walter N. Faulkner, 922 Montpelier Street</b>

MEDICAL CERTIFICATION

<p>18. <b>191X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <b>Squamous cell carcinoma, right supraclavicular glands secondary to</b></p> <p>DUE TO</p> <p>(B) <b>Squamous cell carcinoma cheek</b></p> <p>DUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

19A. DATE OF OPERATION <b>14 May 51</b>		19B. MAJOR FINDINGS OF OPERATION <b>metastatic squamous cell carcinoma</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from <b>6 Mar 1950</b> to <b>11 Sept 1951</b>, that I last saw the deceased alive on <b>11 Sept 1951</b>, and that death occurred at <b>10:15 P. m.</b> from the causes and on the date stated above.</p>					
23A. SIGNATURE <b>John D. Barnard</b>		23B. ADDRESS <b>1531 E North Ave</b>		23C. DATE SIGNED <b>13 Sept 51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/14/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	
				24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1951</b>		REGISTRAR'S SIGNATURE <b>Emmington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Wm. Cook Inc., 1217 St. Paul Street</b>	

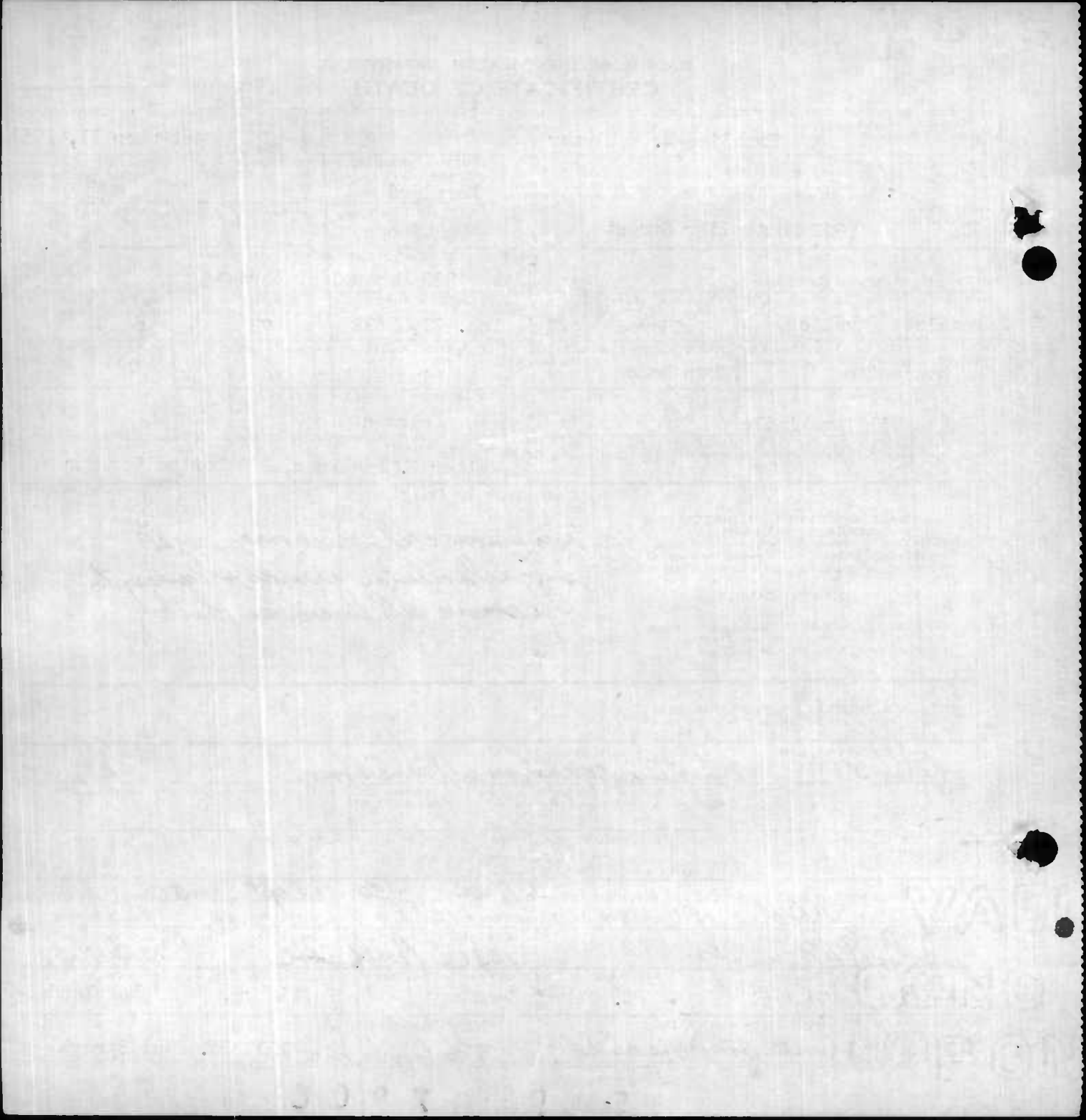
VS 150

1951 09 10 7 00 8

53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



51 7925

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7925

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE

COOK

2. DATE  
OF  
DEATH

Sept. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2110 Etting St.

c. Length of stay in Baltimore

40 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 11, 1891

9. AGE (In years  
last birthday)

60

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

General

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 10, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

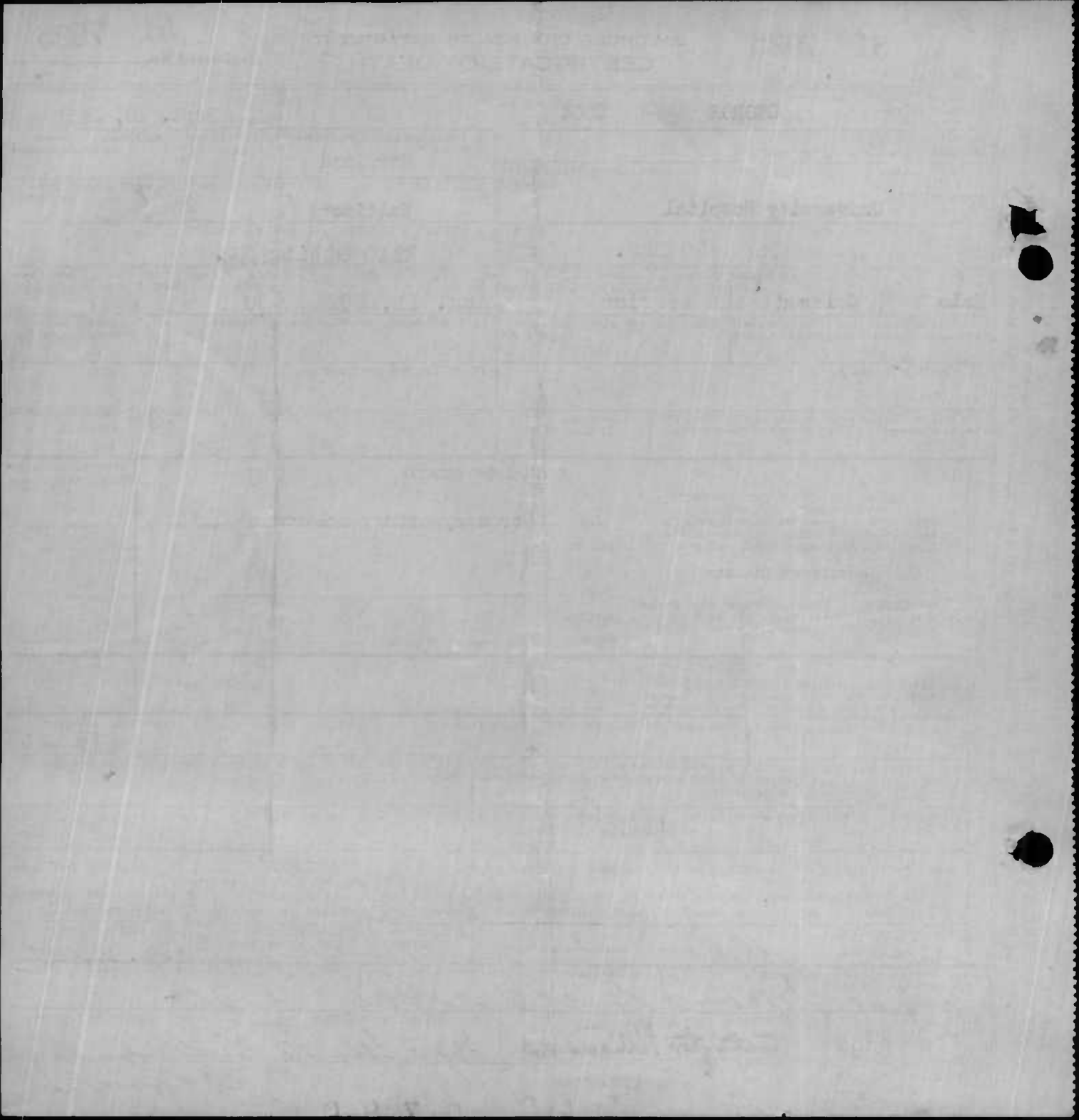
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

97095 942 7631



120 51 7926

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7926

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

PAULINE

DAVIS

2. DATE  
OF  
DEATH Sept. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

1921

9. AGE (In years  
last birthday)

30

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during month, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kilmarnock, Va.

12. CITIZEN OF  
WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

Roman Davis

14. MOTHER'S MAIDEN NAME

Edna Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

ADDRESS

Margaret Morris Kilmarnock, Va.

18. E 902.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Fracture of neck with crushing injury  
of spinal cord

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

629 W. Mulberry Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY  
Sept. 8, 1951 (about) 9:00P. m.21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from 3rd story window

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Denecker M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 10, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/15/51

24C. NAME OF CEMETERY OR CREMATORY

Kilmarnock, Va.

24D. LOCATION (City, town, or county)

Kilmarnock, Va.

ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

Geo. H. Kelson 1303

SEP 13 1951

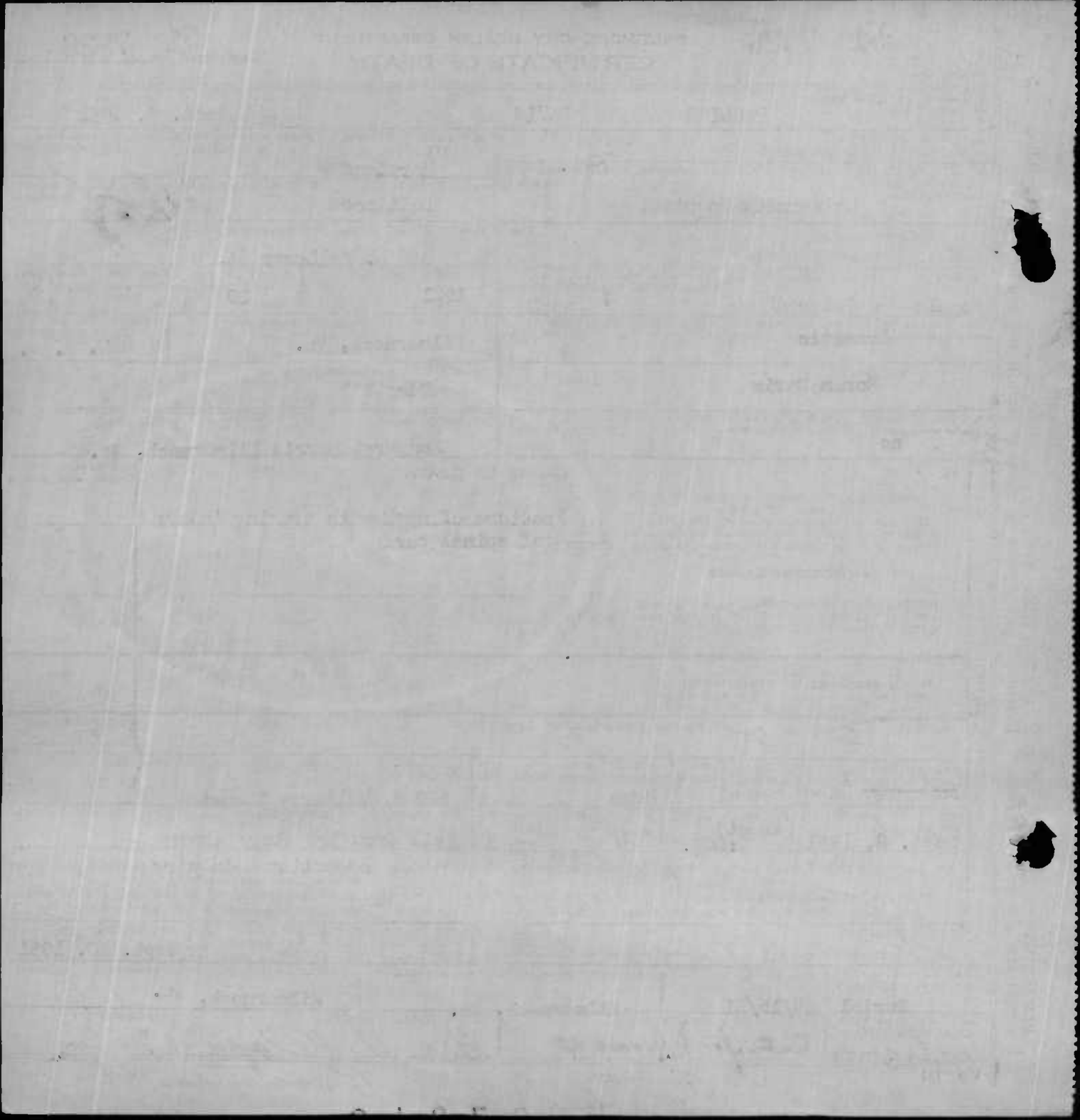
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7208A

Presstman St  
186a





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

LOUIS MILLARD

2. DATE  
OF  
DEATH

9-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

38 UNIVERSITY HOSP.

MARYLAND-

C. CITY OR TOWN

(If outside corporate limits, write BURIAL and give township)

BALTIMORE-18-02

D. STREET ADDRESS (If rural, give location)

1204 W. FRANKLIN ST.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M-

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

1904-7-11

9. AGE (in years  
last birthday)

47-

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER-

10B. KIND OF BUSINESS OR  
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

MARYLAND-

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

EDWARD MILLARD-

14. MOTHER'S MAIDEN NAME

MARY CURTIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN No

16. SOCIAL  
SECURITY NO.

218-01-5861

17. INFORMANT

ADDRESS

Emma Millard(W) 1204 W. Franklin St

18.

332X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

CEREBRAL THROMBOSIS

DUE TO

8-14-51  
9-11-51

ANTECEDENT CAUSES

(B)

ARTERIOSCLEROSIS

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

AMPUTATION - RT LEG.

9-14-

19A. DATE OF OPERATION

8-14-51

19B. MAJOR FINDINGS OF OPERATION

FANGRENE - RT LEG.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1951 to 9-11, 1951, that I last saw the deceased alive on 9-11, 1951, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Bowers

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

9-11-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9/15/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1951

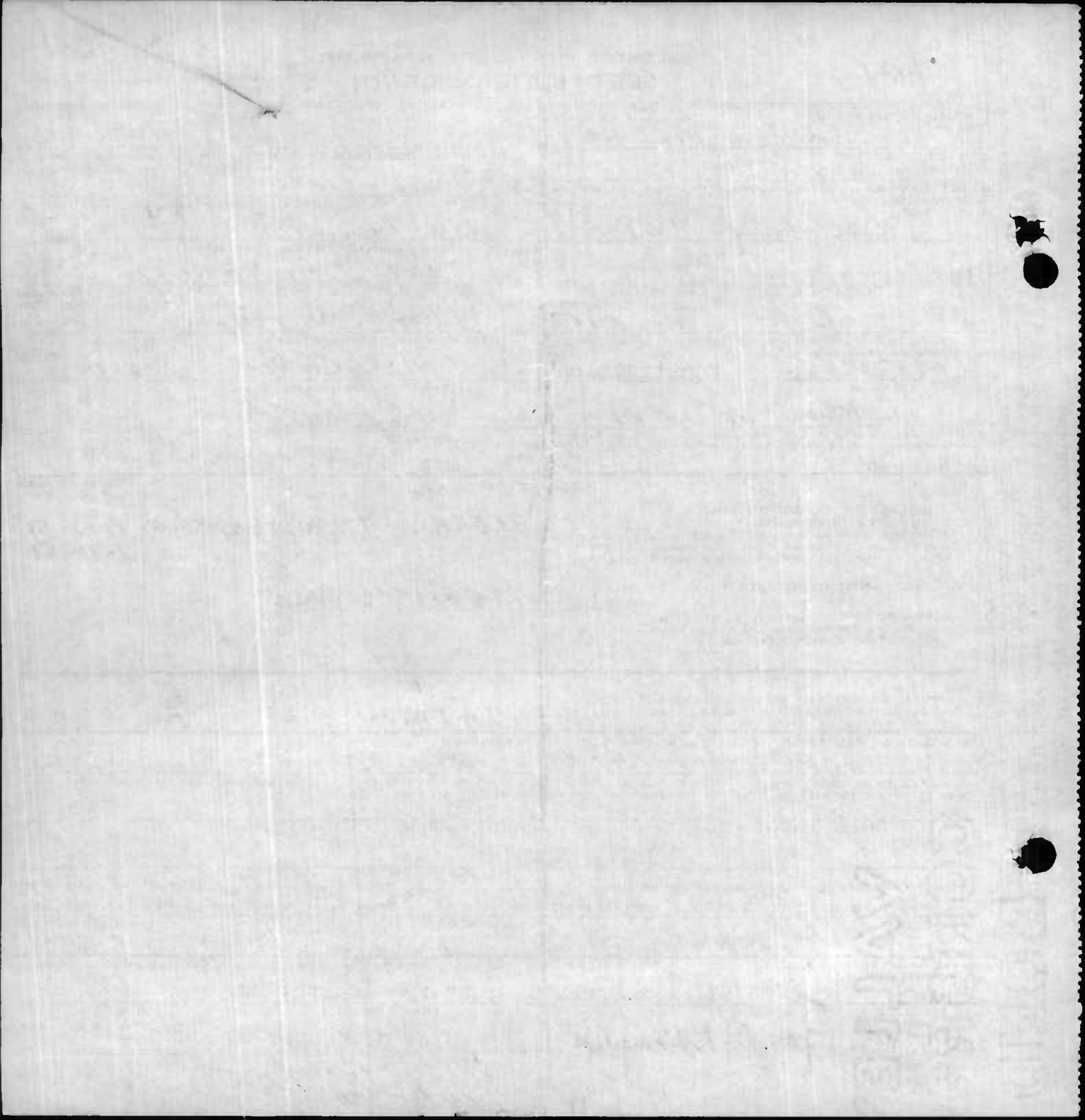
Charles G. Cooper

Charles G. Cooper-512 Carrollton Av.

VS 150

97024 Charles G. Cooper

83B



W-436  
51 7928BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 7928

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <b>HOWARD WALTERS OR WALTER</b>			2. DATE OF DEATH <b>9/12/57</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____ <b>252 N. EXETER ST.</b>						
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>37 MERCY Hospt</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO. Md.</b>						
C. Length of stay in Baltimore <b>55YRS.</b>			D. STREET ADDRESS (If rural, give location)						
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>AUGUST 22 1891</b>		9. AGE (In years last birthday) <b>60</b>		If Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Handy man</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>		11. BIRTHPLACE (State or foreign country) <b>SPARROWS PT.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>WILLIAM H. WALTER</b>			14. MOTHER'S MAIDEN NAME <b>ELIZABETH M. DURHAM</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>			
16. SOCIAL SECURITY NO. <b>W.W. 1.</b>			17. INFORMANT <b>EDGAR P. WALTER</b>			ADDRESS <b>9 S. KRESSON ST.</b>			

18. <b>490X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Acute Congestive FAILURE</b>		<b>12 hrs.</b>	
ANTECEDENT CAUSES		(B) <b>Pneumonia left middle lobe</b>		<b>?</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/11/1957</b> to <b>9/12/1957</b> , that I last saw the deceased alive on <b>9/12/1957</b> , and that death occurred at <b>11:30 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Dr. Kramer</b>		23B. ADDRESS <b>Mary Hosp</b>		23C. DATE SIGNED <b>9/12/57</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>SEPT. 14 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>BALTO. NEW NATIONAL CEMETERY</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>		25. FUNERAL DIRECTOR <b>Frank Pellegrino</b>		ADDRESS <b>322 S High St</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1957</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams</b>		25. FUNERAL DIRECTOR <b>Frank Pellegrino</b>	

John Willard 225 1/2 High St.

51/20  
51 7929

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7929

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ruth Glasgow</i>		2. DATE OF DEATH <i>Sept 10, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>12-06</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 18</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3201 N. Calvert St</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>10-1-87</i>	9. AGE (In years last birthday) <i>63</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Douglas Glasgow</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Walker</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>330X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Subarachnoid hemorrhage</i>		CAUSE OF DEATH (A) <i>Subarachnoid hemorrhage</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>9/6/51 to 9/10/51</i> <i>4 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-6-</i> , 19 <i>51</i> , to <i>9-10-</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9-10-</i> , 19 <i>51</i> and that death occurred at <i>740 P. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Julius Kravitz / Donald H. Walker</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>9/10/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>cremation</i>		24B. DATE <i>9-14-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Greenwood North</i>		25. FUNERAL DIRECTOR <i>Carl B. Robertson</i>		ADDRESS <i>Home Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 13 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>			

839-403-625 St/Bath-18-Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7930

BIRTH NO. 520 7930

1. NAME OF DECEASED (Type or Print) ROBERT JONES		2. DATE OF DEATH September 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
C. Length of stay in Baltimore 13 yrs		D. STREET ADDRESS (If rural, give location) 2000 Barclay Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 15, 1910
9. AGE (In years last birthday) 41		10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY Shoe store	
11. BIRTHPLACE (State or foreign country) Scotland, N.C.		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. W.W. II	
17. INFORMANT		ADDRESS	
Santhya Kellum		-2000 Barclay St	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) Far advanced pulmonary tuberculosis DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William D. Lewis	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Sept. 13, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/17/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore, Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1951	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Charles R. Low	ADDRESS 802 Madison Ave

V'S 151

574065 07914

132 Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7931

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

George Banachowski

2. DATE  
OF  
DEATH

Sept. 12, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland  
B. COUNTY \_\_\_\_\_

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
714 S. Rose Street

c. Length of stay in Baltimore 45 Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

April 23, 1883

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired STEVEDORE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?  
?

13. FATHER'S NAME

John Banachowski

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.  
215-09-3246

17. INFORMANT ADDRESS  
Mrs. Victoria Schech 714 S. Rose St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic

disease.

DUE TO

(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11/, 1951, to 9/12/, 1951, that I last saw the deceased alive on 9/12/, 1951, and that death occurred at 6:10 AM from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hans Kypf

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

9/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-15-51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county) (State)

Dundalk Ave. Md.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 13 1951

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

John J. Duda Inc. 2829 Hudson St.

ADDRESS

VS 150

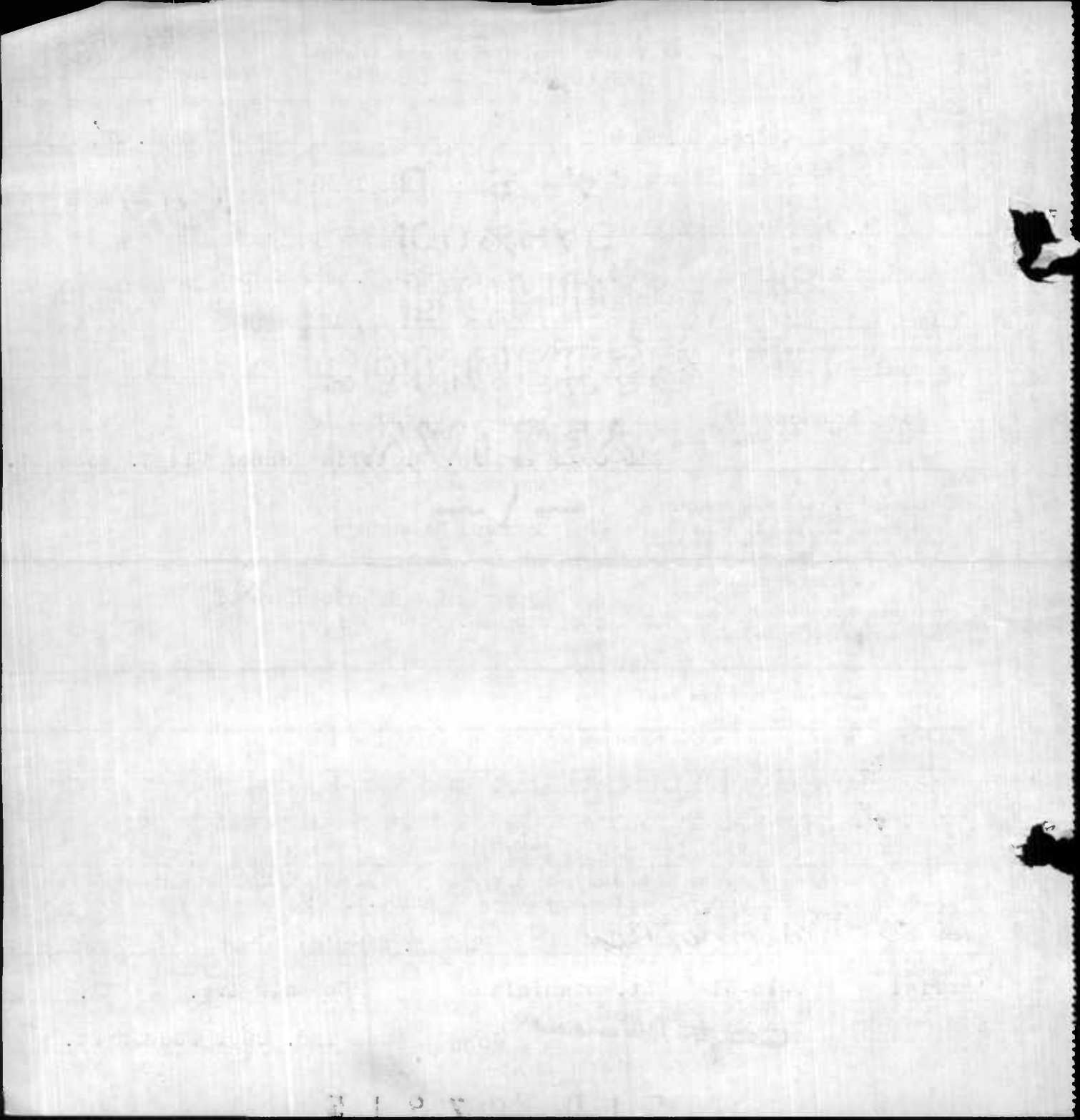
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED 9-13-51

7-565  
51 7932BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7932

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NORMAN L ZIMMERMAN

2. DATE  
OF  
DEATH

9/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, County

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

6404 Walnut Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

January 17, 1888 63

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR  
INDUSTRY

Taxi Cab

11. BIRTHPLACE (State or foreign country)

Woodlawn, Balto. County, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME JOHN EMORY

Zimmerman

14. MOTHER'S MAIDEN NAME LYDIA E. BEAUMONT

(Lilly Beaumont)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

219-20-7044

17. INFORMANT

Miss Catherine Zimmerman, 6404 Walnut St.  
Woodlawn, Md.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio-  
vascular Disease

?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1951, to 9/13, 1951, that I last saw the  
deceased alive on 9/13, 1951, and that death occurred at 5:20 m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. V. Carre MD

23B. ADDRESS

Maryland J. H. H. H.

23C. DATE SIGNED

9/13/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

24D. LOCATION (City, town, or county)

Randallstown, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

FUNERAL DIRECTOR

J. H. H. H.

ADDRESS

4510 Liberty  
Heights Ave.

SEP 13 1951

VS 150

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CERTIFICATE OF DEATH

1. Name of deceased: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Date of death: \_\_\_\_\_

5. Place of death: \_\_\_\_\_

6. Cause of death: \_\_\_\_\_

7. Signature of physician: \_\_\_\_\_

8. Signature of registrar: \_\_\_\_\_

9. Signature of informant: \_\_\_\_\_

10. Signature of witness: \_\_\_\_\_

11. Signature of medical officer: \_\_\_\_\_

12. Signature of coroner: \_\_\_\_\_

13. Signature of jury: \_\_\_\_\_

14. Signature of jury: \_\_\_\_\_

15. Signature of jury: \_\_\_\_\_

16. Signature of jury: \_\_\_\_\_

17. Signature of jury: \_\_\_\_\_

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7933  
Registered No. \_\_\_\_\_51 7933  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Horace Riggins</u>			2. DATE OF DEATH <u>Sept 12, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Dune</u>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>md</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3816 - 8th St</u>			C. CITY OR TOWN (If outside corporate limits, give town, and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>20 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>3816 8th St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Feb 18, 1881</u>	9. AGE (In years, last birthday) <u>70</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchman</u>			11. BIRTHPLACE (State or foreign country) <u>Dorchester Co md</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>Blanche J. Riggins</u>			14. MOTHER'S MAIDEN NAME <u>Mary Somers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. <u>158-09-1323</u>		
17. INFORMANT <u>Lucille Johnson</u>			ADDRESS <u>3816 - 8th St</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Coronary thrombosis</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Atherosclerosis</u> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <u>Myocarditis</u>	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1950</u> , 19 <u>50</u> , to <u>9-12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-12</u> , 19 <u>51</u> , and that death occurred at <u>1PM</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Regina Shultz</u>		23B. ADDRESS <u>3904 S. Hanover</u>		23C. DATE SIGNED <u>9-13-51</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>8-15-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Sumner Ridge</u>	24D. LOCATION (City, town, or county) (State) <u>Lawfield, Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 13 1951</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Howard H. Jellison</u> ADDRESS <u>2503 Edman Ave</u>	

1900, 1901, 1902  
1903, 1904, 1905  
1906, 1907, 1908  
1909, 1910, 1911  
1912, 1913, 1914  
1915, 1916, 1917  
1918, 1919, 1920  
1921, 1922, 1923  
1924, 1925, 1926  
1927, 1928, 1929  
1930, 1931, 1932  
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51 7934BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7934  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write U.S. and give township)

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday) If under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Sept 12, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1951 10 00 29 10

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Zeller  
1823 Y Washington St



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 7935**

BIRTH NO.

 1. NAME OF DECEASED  
(Type or Print)

Pachman, Eleanor

 2. DATE  
OF

 DEATH **Sept. 12, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1203 Wilcox St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

41

c. Length of stay in Baltimore

 Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

 7. SINGLE. MARRIED.  
WIDOWED. DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

 If Under 1 Year  
Months: Days

 If Under 24 Hours  
Hours: Min.

F

W.

Married

March 25, 1902

49

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Wife.

Own home.

11. BIRTHPLACE (State or foreign country)

Baltimore

 12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles W. Wilson

14. MOTHER'S MAIDEN NAME

Jennie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John E. Backman - 1203 Wilcox St.

18. 443X

CAUSE OF DEATH

 INTERVAL BETWEEN  
ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular

DUE TO disease.

(C)

 II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

 21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

 21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

 21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from September 5, 1951 to September 12, 1951, that I last saw the deceased alive on Sept. 12, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Sept. 12, 1951

 24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

 DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

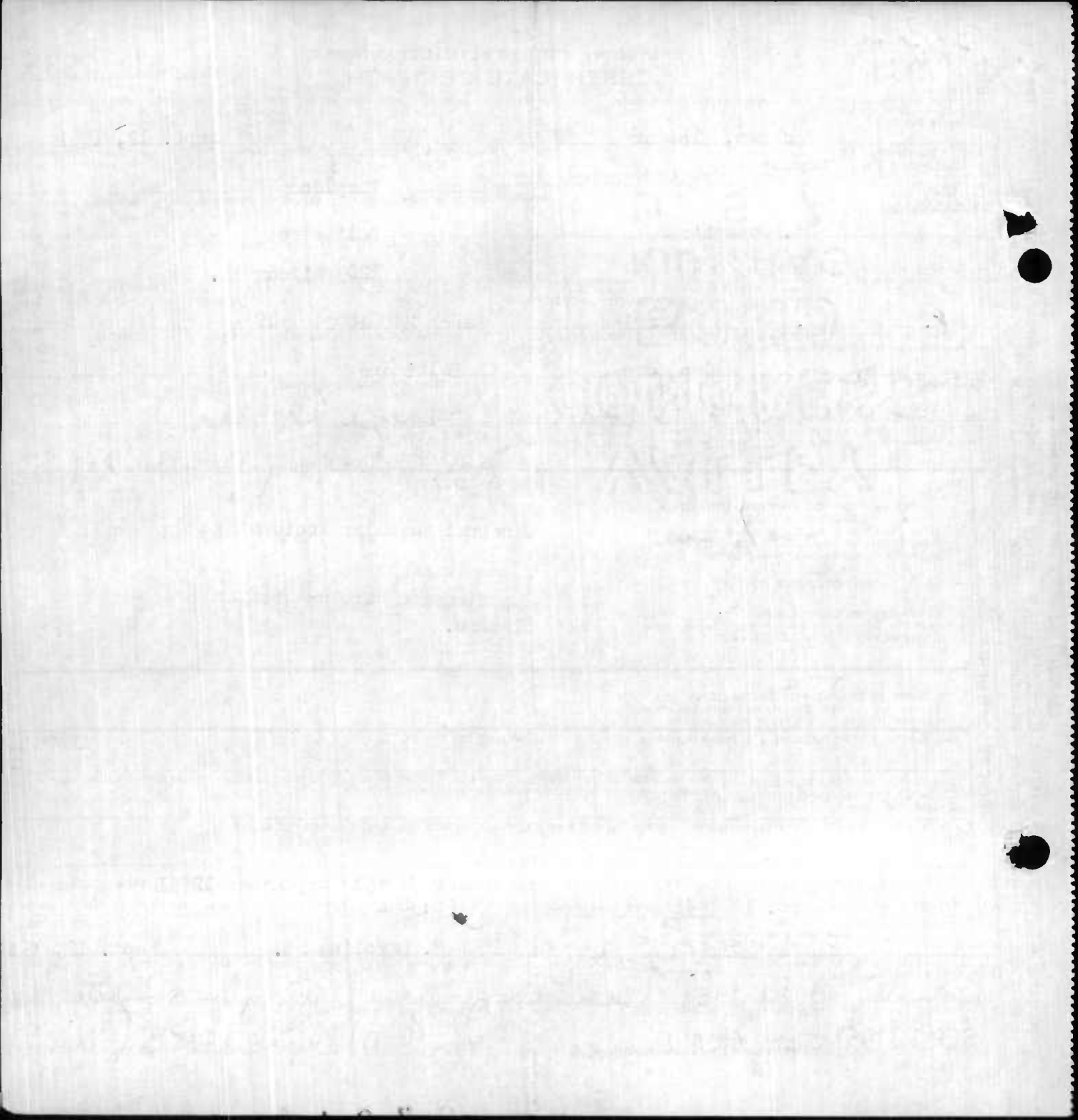
ADDRESS

SEP 13 1951

VS 150

93D





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7936

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ISABELLE E. HARRIS

2. DATE  
OF  
DEATH

SEPT 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland OSL. 34. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)A. STATE MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONJOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)BALTIMORE15-12

c. Length of stay in Baltimore

LifeYrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3711 PARK HEIGHTS AVE.

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
DIVORCED

8. DATE OF BIRTH

2-11-999. AGE (In years  
last birthday)52# Under 1 Year  
Months: Days7 I# Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)At home10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland12. CITIZEN OF  
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Henry E. Meister

14. MOTHER'S MAIDEN NAME

Lena Leisner15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)NoNone16. SOCIAL  
SECURITY NO.None

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cirrhosis of Liver

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-, 1951, to 9-12-, 1951, that I last saw the  
deceased alive on 9-12-, 1951, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. S. Wing Jr.

M. D.

23B. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-12-5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

9-15-1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Balto: County, MarylandDATE RECEIVED BY  
LOCAL REGISTRARSEP 13 1951

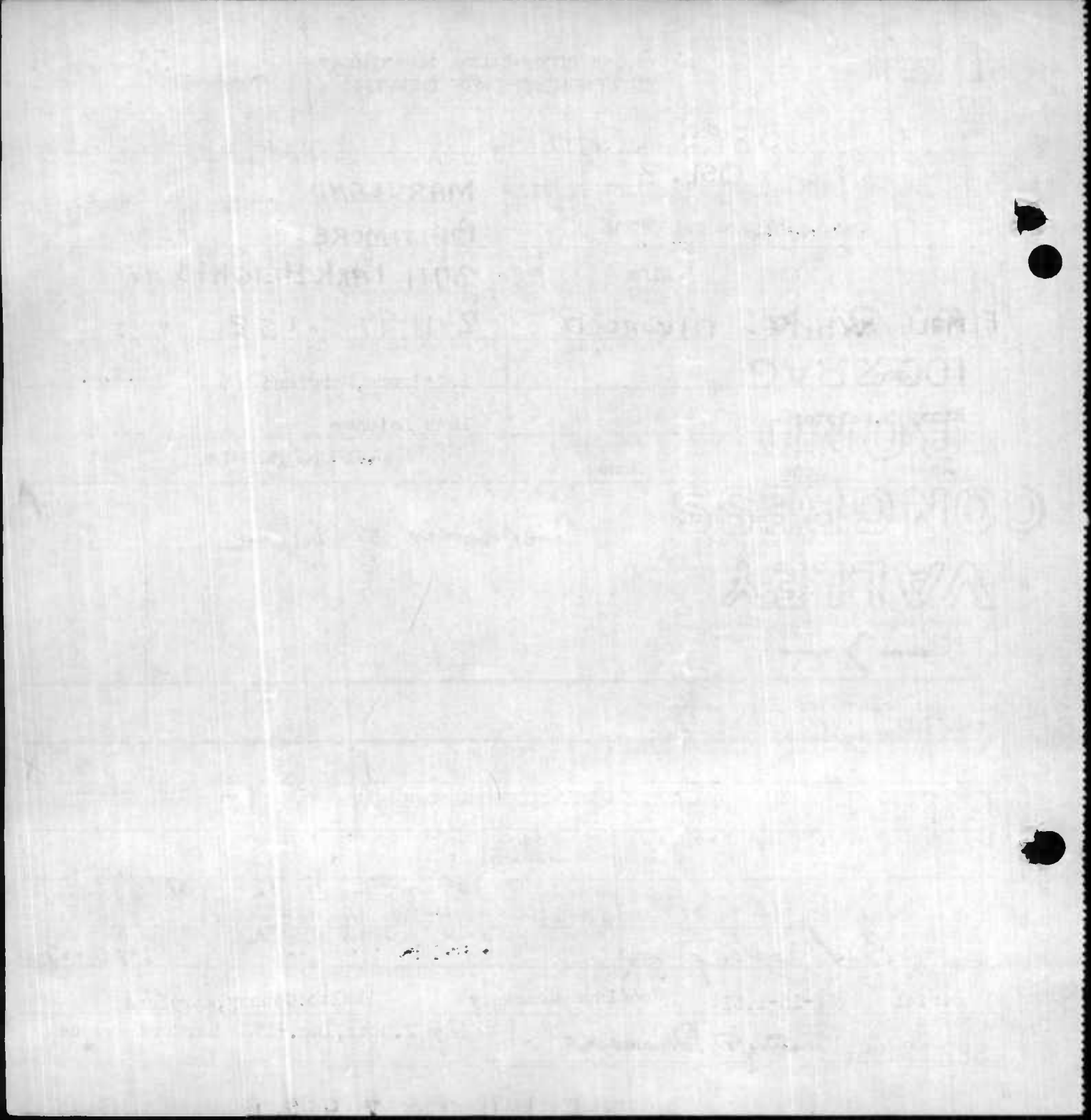
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7937  
Registered No.

530  
51 7937  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mr. William John Smith</b>			2. DATE OF DEATH <b>9/11/51</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland Balto. Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Benson, Maryland</b> B. COUNTY <b>Harford</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bon Secour Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Benson</b>		
c. Length of stay in Baltimore <b>5 Days</b>			D. STREET ADDRESS (If rural, give location) <b>6200</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1/11/77</b>	9. AGE (in years last birthday) <b>74</b>	10. Under 1 Year Months: <b>7</b> Days: <b>29</b> Hours: <b>29</b> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>James Smith</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Bradley</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Mrs. Anne R. Smith -Benson, Maryland</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>Myocardial Infarction</b> DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION <b>9-11-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> NOT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-5</b> , 19 <b>51</b> , to <b>9-11</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9-11</b> , 19 <b>51</b> and that death occurred at <b>6 A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Juan Mendez</b>		23B. ADDRESS <b>2025 W. Fayette</b>		23C. DATE SIGNED <b>9-11-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-14-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Long-Green, Balto: Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>George J. Ruth, Inc. -1735 Harford Avenue</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			

VS 150

10010  
510007921  
94a

MARGIN RESERVED FOR BINDER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CONFIDENTIAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 7938**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Joseph L. Hall Hawes**

2. DATE

OF  
DEATH**Sept 11, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
**Maryland**

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION**South Baltimore General Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore, City**

D. STREET ADDRESS (If rural, give location)

**121 W. Henrietta Street**

c. Length of stay in Baltimore

**30 Yrs**Yrs.  
Mos.  
Days

5. SEX

**M**

6. COLOR OR RACE

**C**

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

**M**

8. DATE OF BIRTH

**3/20/ 1896**9. AGE (In years  
last birthday)**55**10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Junk Dealer**10B. KIND OF BUSINESS OR  
INDUSTRY**Self employed**

11. BIRTHPLACE (State or foreign country)

**Wilmington, N.C.**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Wille Hall**

14. MOTHER'S MAIDEN NAME

**Rockanna Hawes**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Sarah Williams-121 W. Henrietta St**18. **260X**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

**Cerebral Hemorrhage****1 d**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

**Hypertension, Nephritis,  
Diabetes Mellitus  
Chronic**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/10, 1941**, to **9/10, 1951**, that I last saw the  
deceased alive on **Sept 11, 1951**, and that death occurred at **2:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Dr. Isaac L. Brown**

M. D.

23B. ADDRESS

**121 W. Henrietta St**

23C. DATE SIGNED

**9/12/51**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**9/15/51**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary**

24D. LOCATION (City, town, or county)

**A A Co M. D**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR**SEP 13 1951**

REGISTRAR'S SIGNATURE

**Isaac L. Brown**

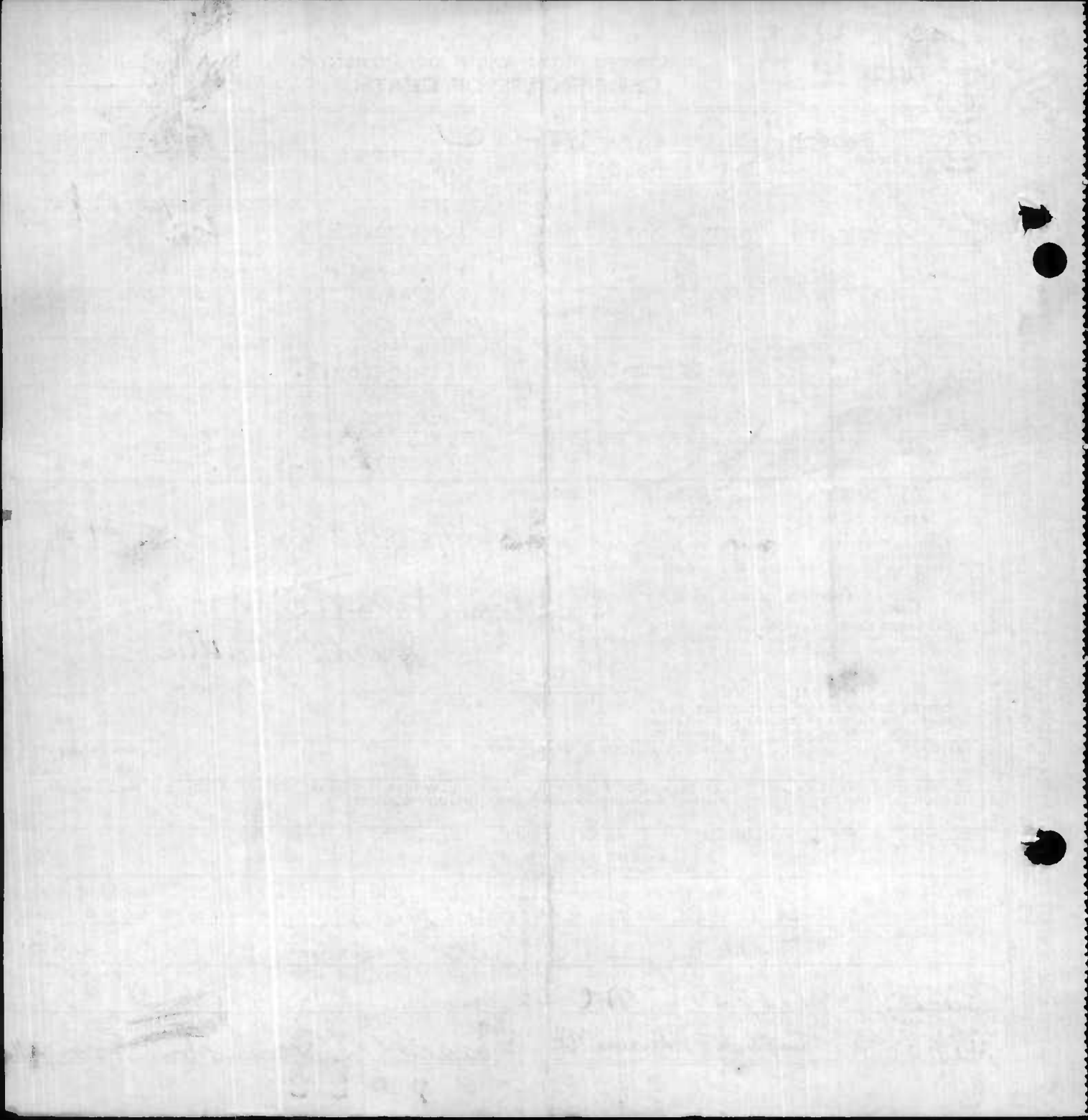
25. FUNERAL DIRECTOR

**Isaac L. Brown**

ADDRESS

**108 W. Montgomery St**







VALLEY

CONCRETE

BOND

WORKING

LOS AN

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7940**

BIRTH NO. **51 7940**

1. NAME OF DECEASED  
(Type or Print)

**HENRY CLARK**

2. DATE  
OF  
DEATH

**September 11, 1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**Provident Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1231 Pennsylvania Avenue**

c. Length of stay in Baltimore

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Dec. 6, 1901**

9. AGE (in years last birthday)

**49**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Cook**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Ba. Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Teddy Clark**

14. MOTHER'S MAIDEN NAME

**Rachel ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Irene Clark 742 Redwood**

18. **443X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

!!  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**William W. Wood**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**Sept. 11, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Sept 14/51**

24C. NAME OF CEMETERY OR CREMATORY

**Trinity Cemetery, A. A. County, Md.**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 13 1951**

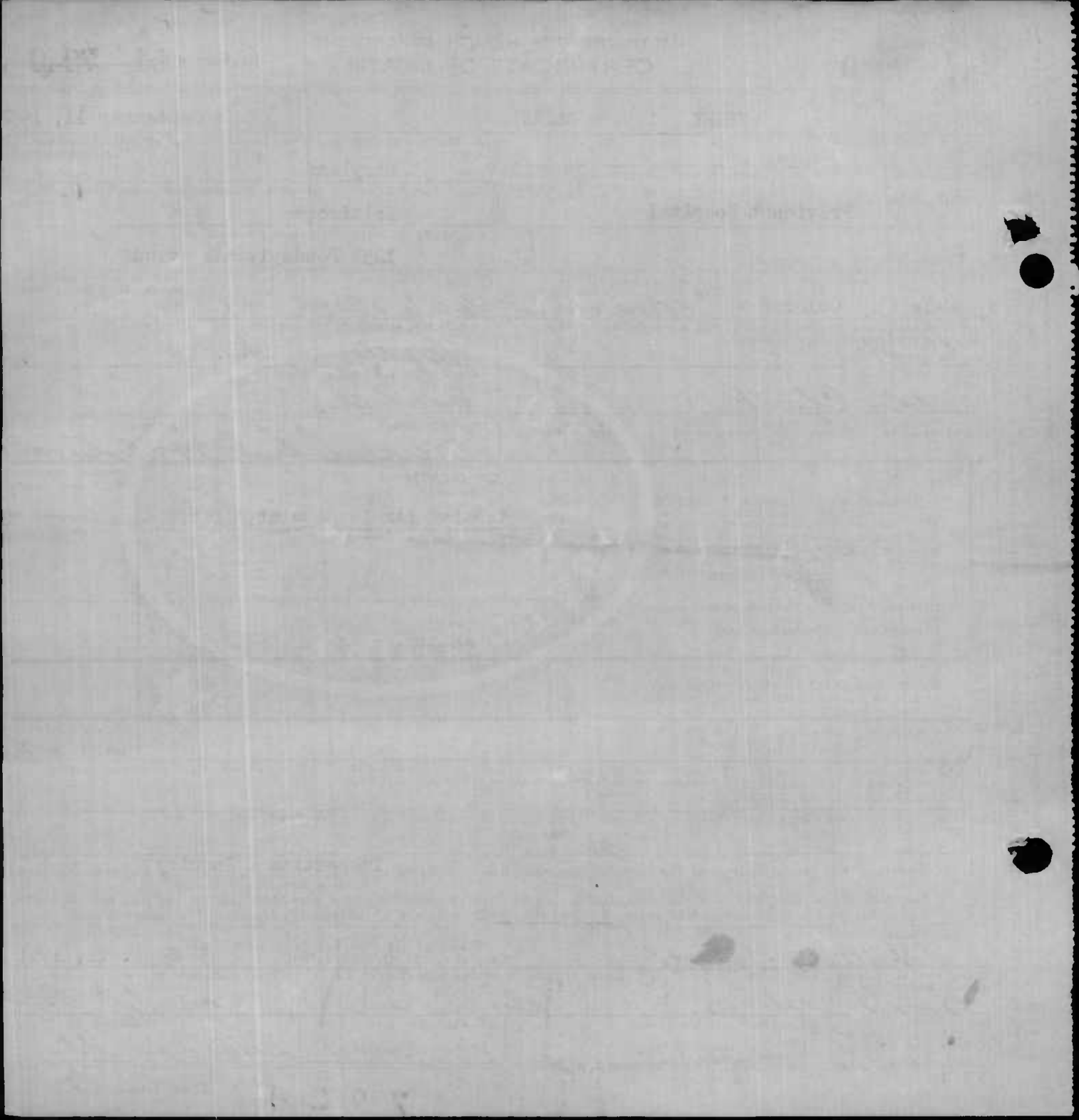
REGISTRAR'S SIGNATURE

**William W. Wood**

25. FUNERAL DIRECTOR

**Mrs. G. H. A. Elliott Daugherty**

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 7941**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Lula Phelan**

2. DATE  
OF  
DEATH

**9.12.51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**426 N. Hilton St.**

C. CITY OR TOWN (If outside corporate limits, give RURAL, and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**426 N. Hilton St.**

C. Length of stay in Baltimore **Life**

Yrs.  
Mos.  
Days

5. SEX

**F**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**M**

8. DATE OF BIRTH

**9.30.1884**

9. AGE (In years last birthday)

**66**

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**House Wife**

10B. KIND OF BUSINESS OR INDUSTRY

**Own Home**

11. BIRTHPLACE (State or foreign country)

**Annapolis Md.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Thomas Hopkins**

14. MOTHER'S MAIDEN NAME

**Augusta Craig**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**NO**

**NO**

16. SOCIAL SECURITY NO.

**NO**

17. INFORMANT

ADDRESS

**Mr. Geo. H. Phelan 426 N. Hilton**

18. **422.2**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Cerebral Hemorrhage**

**9-9-51**

DUE TO

ANTECEDENT CAUSES

(B)

**Cerebral Sclerosis**

**1948**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

**Chr. Myocarditis**

**1948**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **June 15, 1948** to **Sept 12, 1951**, that I last saw the deceased alive on **Sept 12, 1951**, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**James Brown**

M. D.

**3602 Liberty Heights Ave.**

**9-13-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**Burial**

**9.15.51**

**Woodlawn Cemetery**

**Woodlawn, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

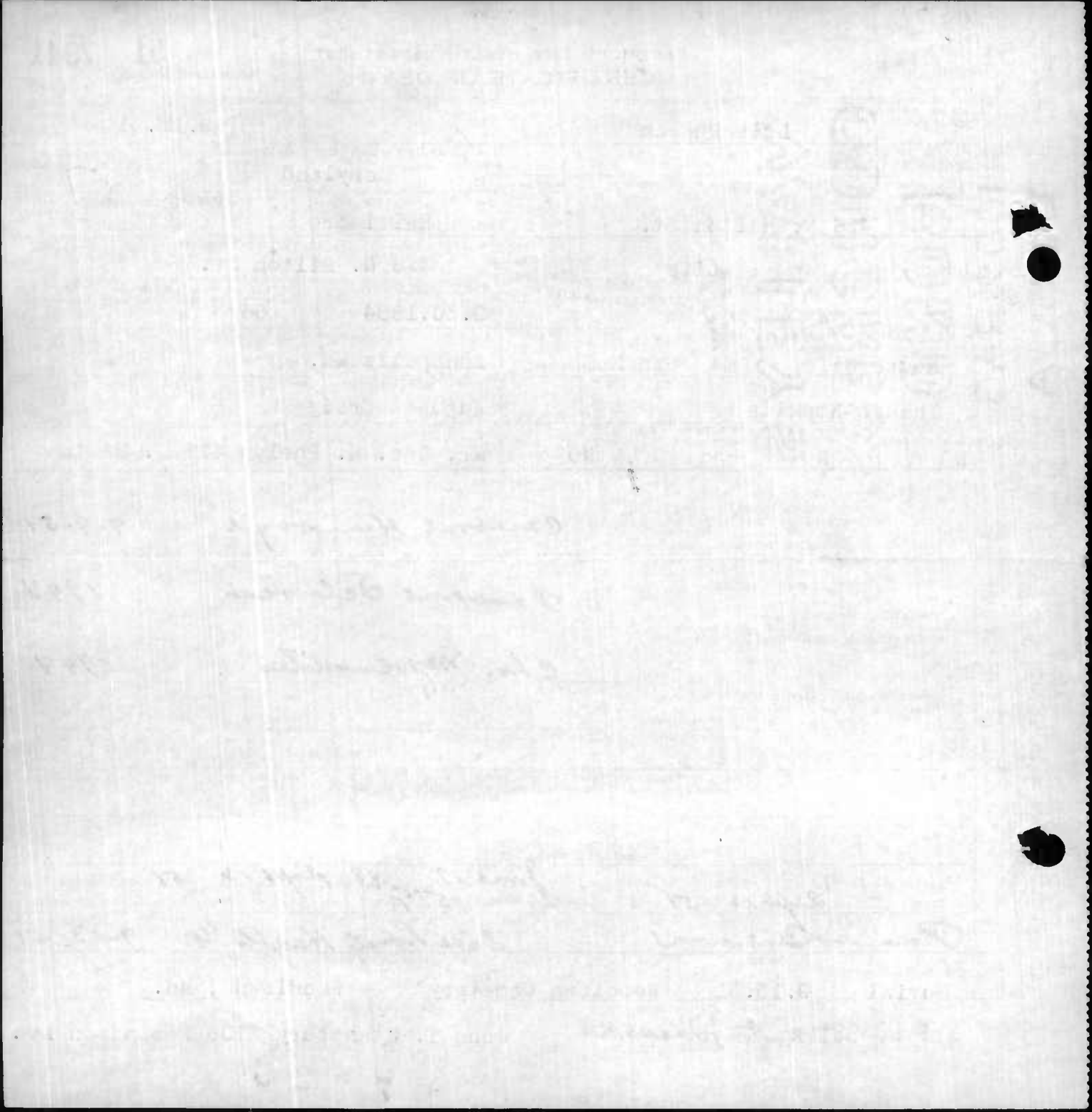
25. FUNERAL DIRECTOR

ADDRESS

**SEP 13 1951**

**John T. Stansbury 2700 Edmondson Ave**





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7942  
Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		EDA DeFONTES (EDITH DE FONTES)		9-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore, 8-05			
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2122 N. Wolfe Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-2-97	9. AGE (In years last birthday) 54	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Baltimore County, Maryland.	
13. FATHER'S NAME CARL RUSS		14. MOTHER'S MAIDEN NAME Wilhelmina KLINDE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS Egidio DeFontes 2122 N. Wolfe Street	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio Vascular		DUE TO (B)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO (C) Dissect			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-13-51, 1951, to 9-13-51, 1951, that I last saw the deceased alive on 9-13-51, 1951, and that death occurred at 4:15 a.m., from the causes and on the date stated above.					
23A. SIGNATURE C. Paul Coffey Jr. M.D.		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED 9-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 9/17/51		24C. NAME OF CEMETERY OR CREMATORY MORRISLAND MEMORIAL CEM	
24D. LOCATION (City, town, or county) (State) BALTO CO. MD					
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS CHARLES F. ERANS & SON	

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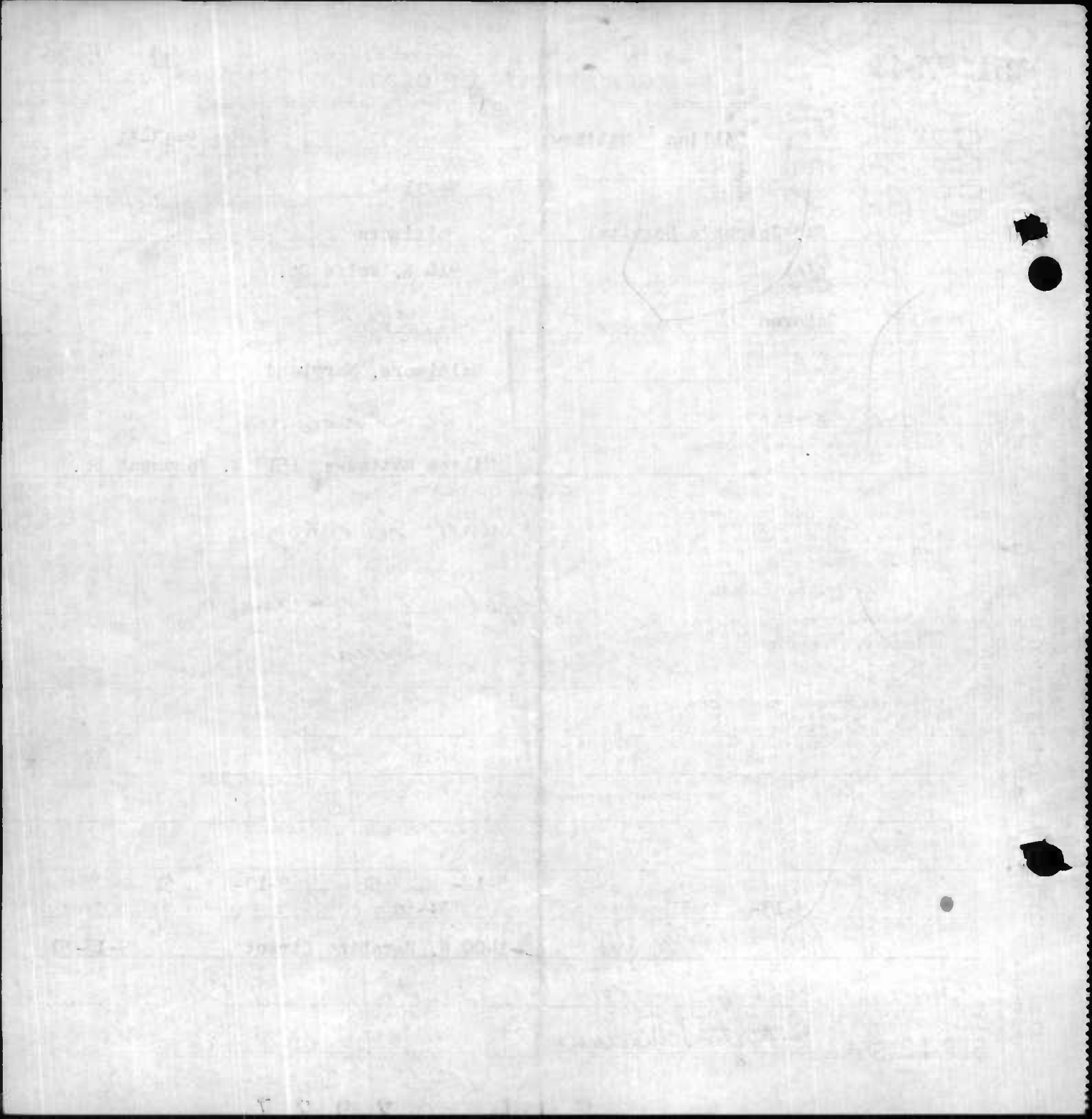
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CONFIDENTIAL

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **51 7943**

BIRTH NO. <b>51 7943</b>		1. NAME OF DECEASED (Type or Print) <b>Lillian Matthews</b>		2. DATE OF DEATH <b>9-13-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>910 N. Wolfe St.</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		5. SEX <b>Female</b> 6. COLOR OR RACE <b>Colored</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>			
C. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH <b>July 24 1903</b> 9. AGE (In years last birthday) <b>48</b> 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
13. FATHER'S NAME <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Milton Matthews 1519 E. Monument St.</b>	
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO ANTECEDENT CAUSES <b>Hypertensive Cardio Vascular Disease</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Dissect</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-12-</b> , 19 <b>51</b> , to <b>9-13-</b> , 19 <b>51</b> that I last saw the deceased alive on <b>9-13-</b> , 19 <b>51</b> , and that death occurred at <b>3:45a</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>E. Paul Coffay Jr.</b>		23B. ADDRESS <b>1400 N. Caroline Street</b>		23C. DATE SIGNED <b>9-13-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept 16/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cem. in a County Md</b>	
24D. LOCATION (City, town, or county) (State) <b>1129 N Caroline St 937</b>		25. FUNERAL DIRECTOR <b>Mrs. Ethel A. Ellis &amp; Son</b>		ADDRESS <b>1129 N Caroline St 937</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams, Jr.</b>		VS 150	





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 7944**

**P-220**  
**51 7944**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John Peizik</b>			2. DATE OF DEATH <b>Sept 12, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>433S Drew St.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Md.</b>		
c. Length of stay in Baltimore <b>40 Years</b>			D. STREET ADDRESS (If rural, give location) <b>433 South Drew St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/23/1889</b>	9. AGE (in years last birthday) <b>62</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill-right</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bethlehem Steel Co</b>	11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Phillip Peizik</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-07-5189</b>	17. INFORMANT ADDRESS <b>Edward Peizik 433 S. Drew St.</b>		
18. <b>156.1</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cancer of liver</b> (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>9-12-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-7-51</b> to <b>9-12-51</b> , that I last saw the deceased alive on <b>9-12-51</b> and that death occurred at <b>3:30 pm</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Yung-tsing Wong</b>		23B. ADDRESS <b>South Baltimore General Hospital</b>		23C. DATE SIGNED <b>9-12-1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/15/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Mary</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>		25. FUNERAL DIRECTOR <b>Walter Dabrowski</b>		ADDRESS <b>6224 Eastern Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 13 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>			

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**46F**





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 7945

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth Gauss

2. DATE  
OF  
DEATH

9-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

C. CITY OR TOWN

Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2803 Eastern Avenue

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2803 Eastern Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5-12-76

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF  
USA COUNTRY?

13. FATHER'S NAME

Jacob Gauss

14. MOTHER'S MAIDEN NAME

Catherine /?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Annie Humphries 2803 Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

DUE TO

Ather

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic

DUE TO

Atherosclerosis

(C)

Chronic Hypertension

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1957 to Sept. 12, 1957, that I last saw the  
deceased alive on Sept. 11, 1957, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George D. Lipsey

23B. ADDRESS

M. D.

426 S. Patterson Park Ave

23C. DATE SIGNED

9/13/57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-15-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

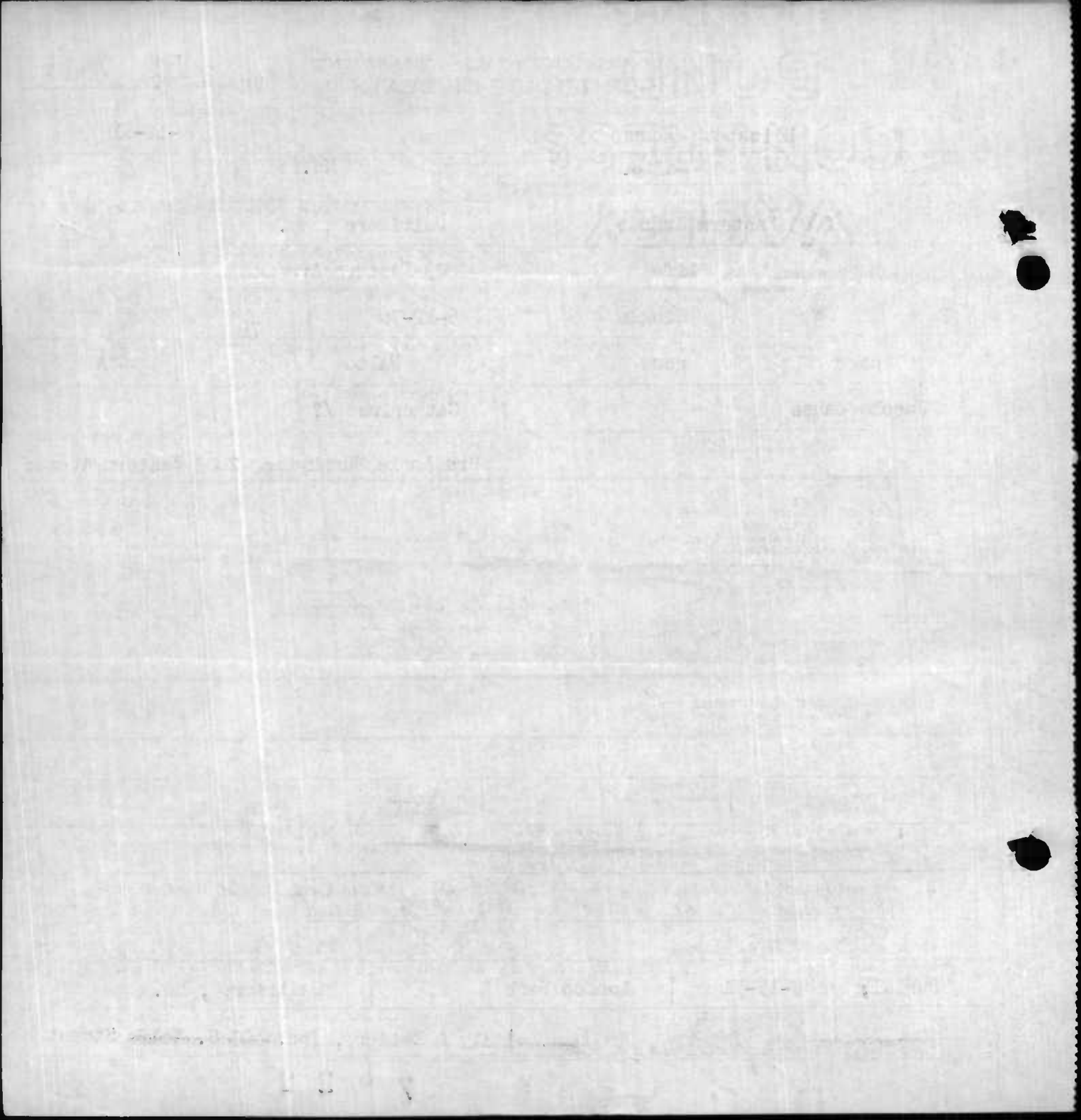
25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1951

L. J. Williams, M.D.

Lilly &amp; Zeiler, Inc, 403 S. Wolfe Street



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**CORNELIA C. HALL**

2. DATE  
OF  
DEATH

**9-10-51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MARYLAND** B. COUNTY **17-03**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**833 N. FREMONT AVE.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTIMORE 17. MO.**

C. Length of stay in Baltimore

**YEARS**

D. STREET ADDRESS (If rural, give location)  
**833 N. FREMONT AVE.**

5. SEX

**FEMALE**

6. COLOR OR RACE

**COLORED**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**WIDOWED**

8. DATE OF BIRTH

**1-27-1901**

9. AGE (in years last birthday)

**51**

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**DOMESTIC**

10B. KIND OF BUSINESS OR INDUSTRY

**PRIVATE**

11. BIRTHPLACE (State or foreign country)

**VIRGINIA**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**THEODORE HALL**

14. MOTHER'S MAIDEN NAME

**ALICE COOPER**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Eoythe Hall - 833 N. FREMONT AVE.**

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

**Cerebral Hemorrhage**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Aug 25, 1951** to **Sept. 10, 1951** that I last saw the deceased alive on **Sept. 10, 1951** and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**BURIAL**

**9-15-50.**

**MT. AUBURN**

**BALTIMORE 30. Ma**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 14 1951**

**Wm. A. Jackson**

**Wm. A. JACKSON - 916 PENNA. AVE.**

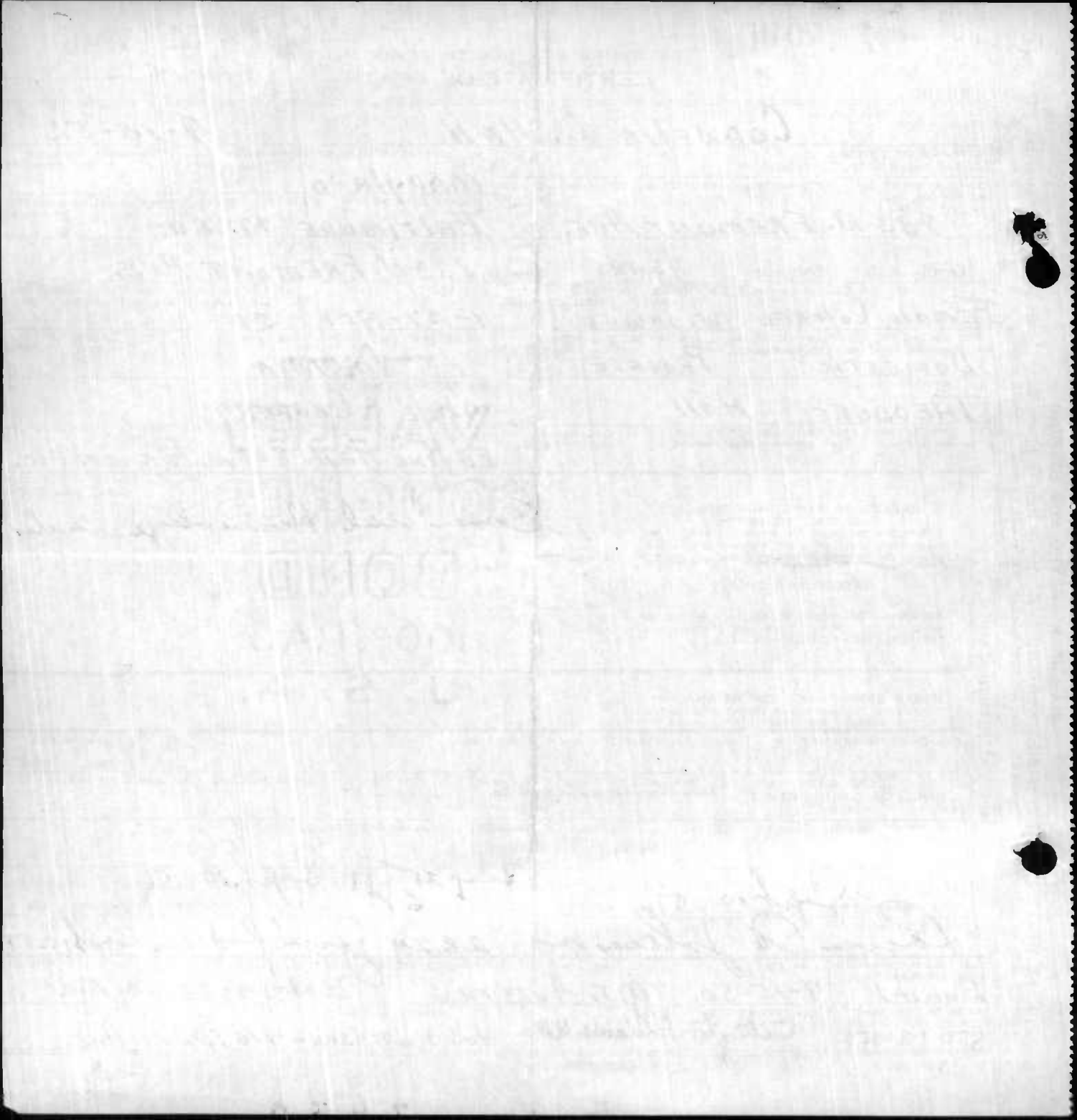
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PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



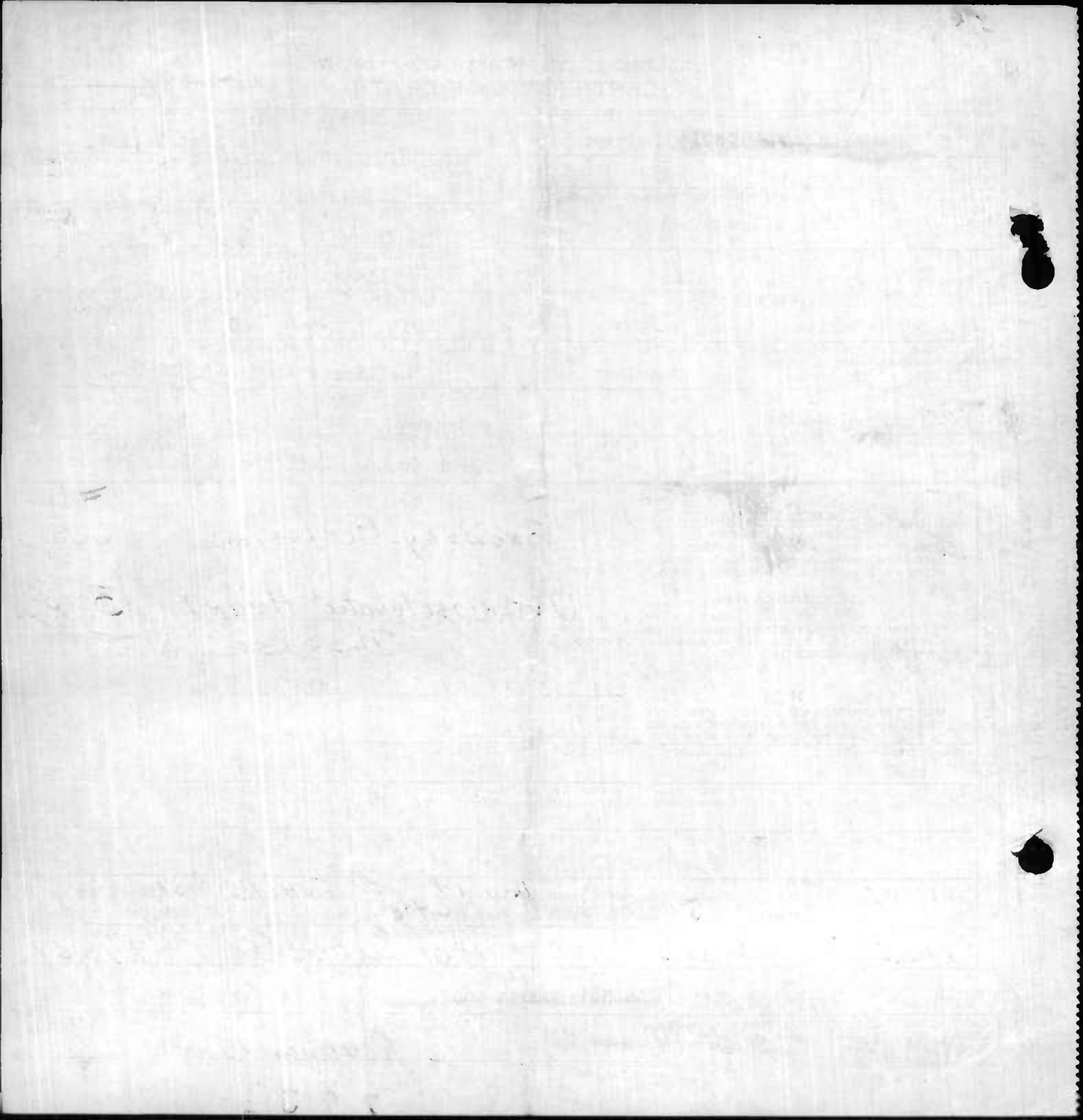
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		51 7947	
1. NAME OF DECEASED (Type or Print) <i>Fannie Seinberg</i>		2. DATE OF DEATH <i>Sept 13, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1701 Ellamont St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>15-06</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1701 Ellamont St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1891</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	9. AGE (In years last birthday) <i>60</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
13. FATHER'S NAME <i>Simon Seinberg</i>		14. MOTHER'S MAIDEN NAME <i>Unkown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Aaron Krome</i>		ADDRESS <i>2618 Forest Park Ave</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CORONARY Occlusion</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>ARTERIOSCLEROTIC HEART Disease.</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>6 days.</i> <i>3 YRS.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 14, 1951</i> to <i>Sept 13, 1951</i> , that I last saw the deceased alive on <i>Sept 11, 1951</i> , and that death occurred at <i>6:00 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Albert Hume</i>		23B. ADDRESS <i>1801 Eutaw Pl</i>	
23C. DATE SIGNED <i>9/13/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 14, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Anshei Emunah Cong.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 14 1951</i>		25. FUNERAL DIRECTOR <i>Sol Hume</i>	
REGISTRAR'S SIGNATURE <i>Stanton Williams</i>		ADDRESS <i>Bns W North Ave</i>	
VS 150		937	

510007931





MARGIN RESERVED FOR BINDING

PLEASE WRITE PENNLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13-650  
51 7948

51 7948

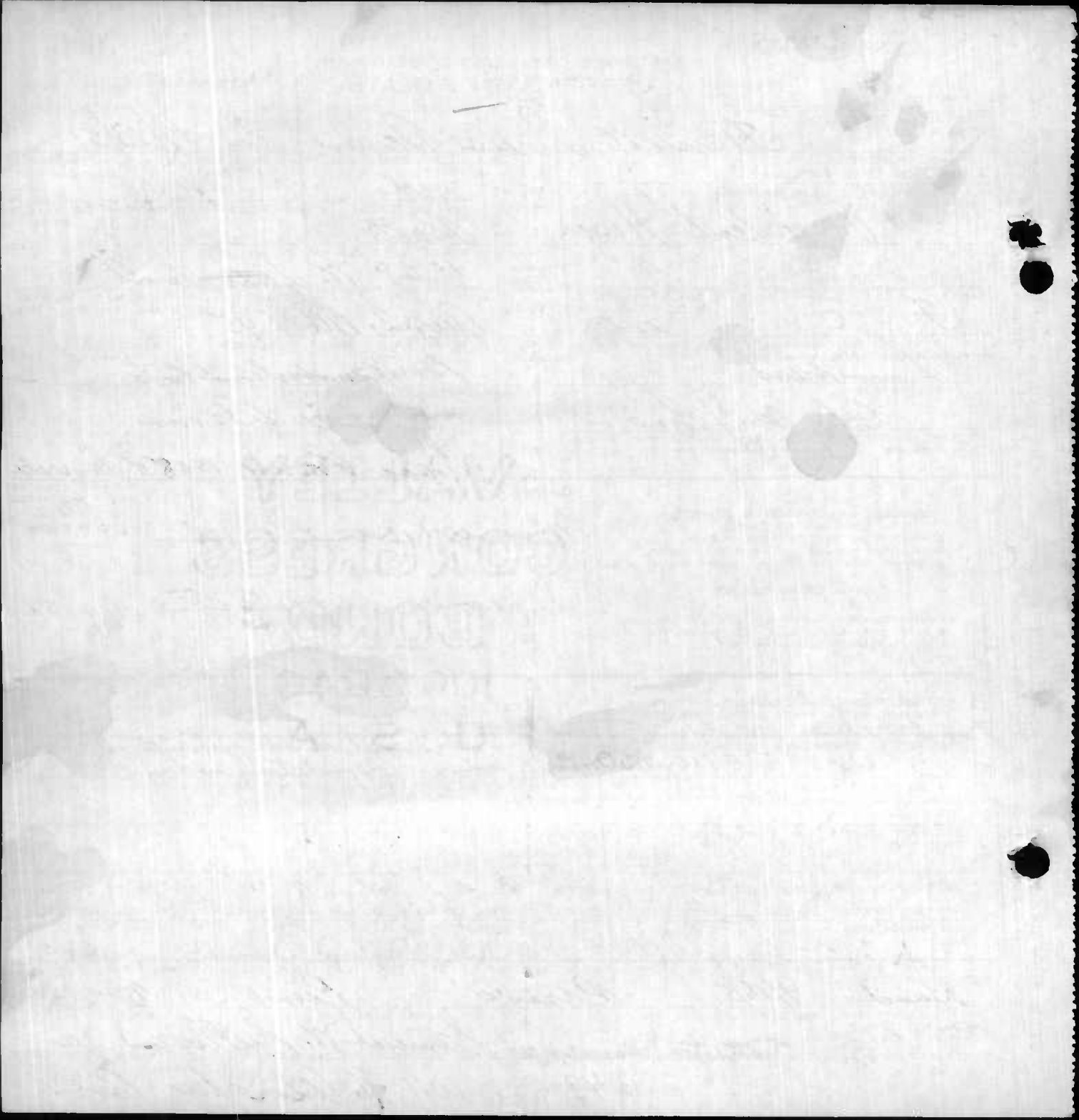
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		
1. NAME OF DECEASED (Type or Print) <i>Harriett Louise Brown</i>		
2. DATE OF DEATH <i>9/13/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		
C. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lane dress</i>		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME <i>Charles Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Janie Brown</i>
15. WAS DECEASED EVER IN U. S. ARMY OR FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT <i>Wesley Brown - 1528 N. Lanvale St</i>		ADDRESS

18. <i>550.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Massive Pulmonary Embolism</i> DUE TO (B) <i>Suppurative Appendicitis</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>9-13-51</i> <i>4:07 A.M.</i> <i>9-10-51</i>	19. DATE OF OPERATION <i>9-12-51</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>9-10</i> , 19 <i>51</i> , to <i>9-12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9-13</i> , 19 <i>51</i> , and that death occurred at <i>4:15 A. M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Henry B. McDowell</i>		23B. ADDRESS <i>1131 Harlem Avenue</i>
23C. DATE SIGNED <i>9-13-51</i>		

19A. DATE OF OPERATION <i>9-12-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Suppurative Appendicitis &amp; Necrotic Oriental Lesion - Appendectomy was done!</i>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-10</i> , 19 <i>51</i> , to <i>9-12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9-13</i> , 19 <i>51</i> , and that death occurred at <i>4:15 A. M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Henry B. McDowell</i>		23B. ADDRESS <i>1131 Harlem Avenue</i>	
23C. DATE SIGNED <i>9-13-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/16/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Brown's</i>		24D. LOCATION (City, town, or county) (State) <i>Remo - Va</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 14 1951</i>		REGISTRAR'S SIGNATURE <i>Samuel W. Sullivan Jr</i>	
25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr</i>		ADDRESS <i>1041 N. Wilmington Ave</i>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) LESTER E. STONER

2. DATE OF DEATH SEPT 11, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MARYLAND B. COUNTY BALTO.

B. FULL NAME OF HOSPITAL OR INSTITUTION MERYU HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
RIDGEMONT BALTIMORE RURAL

D. STREET ADDRESS (If rural, give location)  
6 RIDER AV. 1300

c. Length of stay in Baltimore LIFE

Yrs.  
Mos.  
Days

5. SEX M

6. COLOR OR RACE N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
WIDOWER

8. DATE OF BIRTH 5/4/85

9. AGE (In years last birthday) 66 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Brakeman RETIRED

10B. KIND OF BUSINESS OR INDUSTRY  
PENNA. R.R.

11. BIRTHPLACE (State or foreign country)  
PENNA.

12. CITIZEN OF WHAT COUNTRY?  
USA

13. FATHER'S NAME  
SOLOMON STONER

14. MOTHER'S MAIDEN NAME  
SARAH HARNISH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
None

16. SOCIAL SECURITY NO.  
717-07-8450

17. INFORMANT ADDRESS  
MARVINE E. STONER JANE

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CA OF PROSTATE

2 YRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
NONE

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?  
—

22. I hereby certify that I attended the deceased from 9/9, 1951, to 9/11, 1951, that I last saw the deceased alive on 9/11, 1951, and that death occurred at 11:30 m., from the causes and on the date stated above.

23A. SIGNATURE  
Raymond L. Clement

M. D.

23B. ADDRESS  
Meryu Hospital

23C. DATE SIGNED  
9/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE  
Sept. 14, 1951

24C. NAME OF CEMETERY OR CREMATORY  
Stiltz Luthern Cemetery

24D. LOCATION (City, town, or county) (State)  
Stiltz, York Co., Penna.

DATE RECEIVED BY LOCAL REGISTRAR  
SEP 14 1951

REGISTRAR'S SIGNATURE  
Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS  
John Burns' Sons, Towson, Maryland

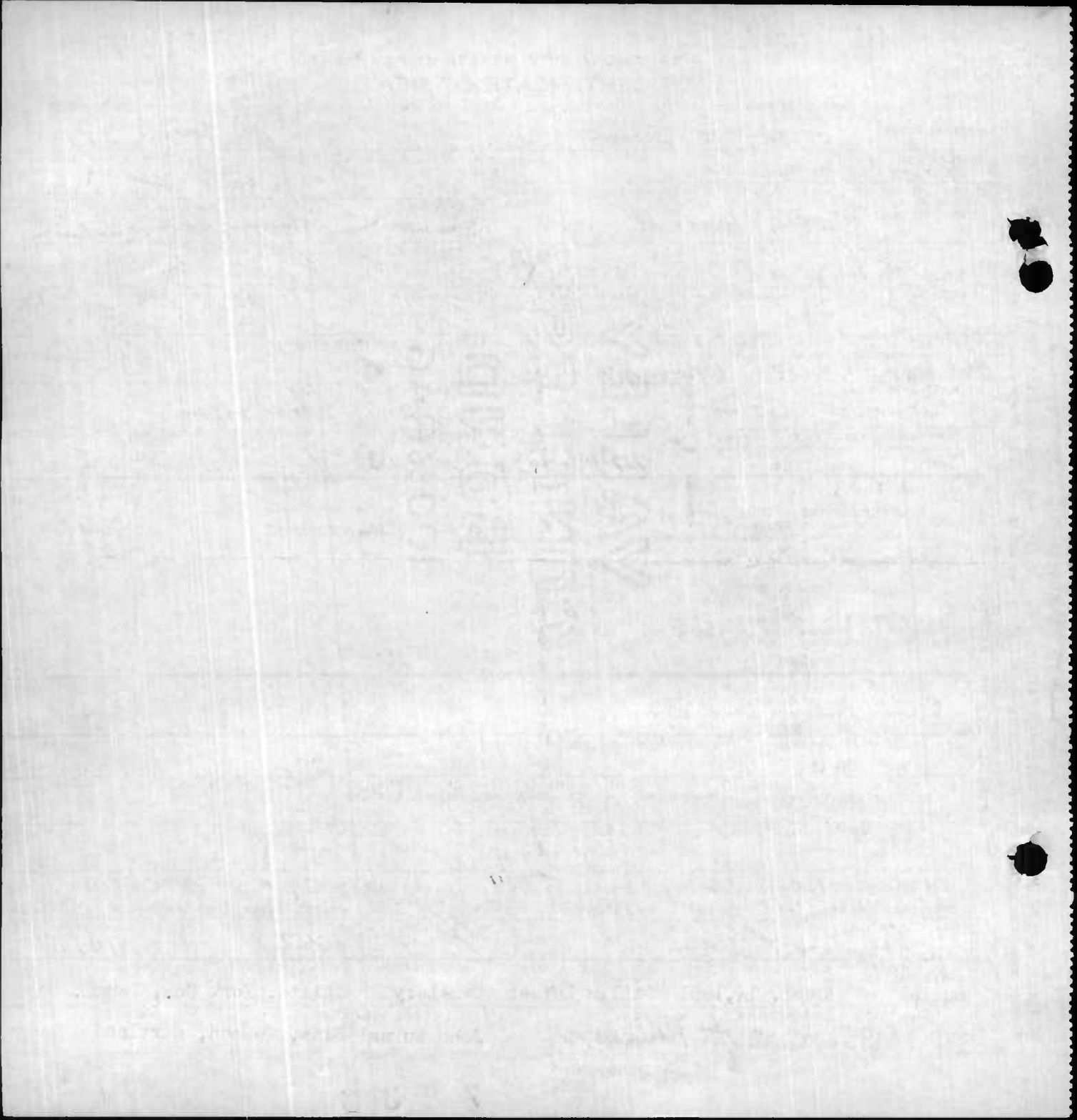
VS 150

1624 507 033

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7950

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7950

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Johnna B. Plake

2. DATE  
OF  
DEATH

9-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hyde Park - East

D. STREET ADDRESS (If rural, give location)

Crawford Rd.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1879-Sep 6

9. AGE (in years  
last birthday)

70-71

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life (even if retired))

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Grotthand Boehmke

14. MOTHER'S MAIDEN NAME

Wilhelmina KRAUSS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Husband

ADDRESS

Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Respiratory Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Cardio Vase accident

DUE TO

(C)

Hypertension

13 days

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28 1951, to 9/10 1951, that I last saw the  
deceased alive on 9/10 1951, and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

R. B. Richardson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9/10/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1951

Wilmington Williams, MD

J. B. Wiggert &amp; Son, 1300 East Ave

VS 150

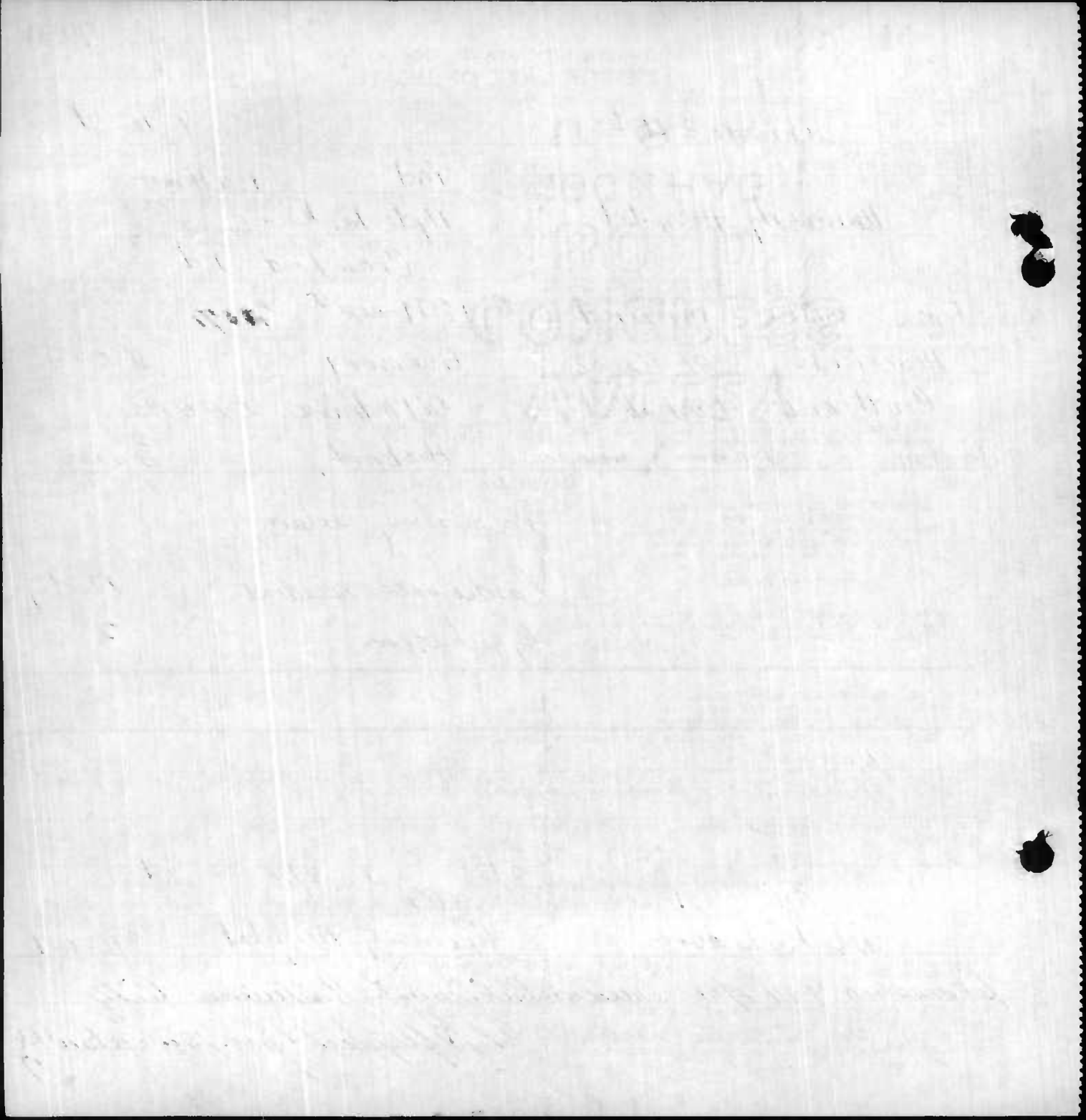
937

1251000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





51 7951

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7951

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

LOUISE C. ROESLER

2. DATE  
OF  
DEATH

Sept. 12-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

420 S. Smallwood Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

420 S. Smallwood Street

c. Length of stay in Baltimore

Life Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/17/1892

9. AGE (In years  
last birthday)

59

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Adan Kempf

14. MOTHER'S MAIDEN NAME

Catherine Eckert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

George Roesler.. 420 S. Smallwood

18.

592X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Chronic Nephritis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

? years

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 1950, to Sept. 11, 1951, that I last saw the  
deceased alive on 9/11, 1951, and that death occurred at 1:18 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. M. Williamson

23B. ADDRESS

M. D.

3534 Edmondson Ave.

23C. DATE SIGNED

9/13/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 15/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1951

D. M. Williamson

F. B. Wippert &amp; Son

VS 150

F.B.WIPPERT &amp; SON 1300 Eutaw Pl.17

131B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951-52

1951-52

1951-52

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1951-52

1951-52

1951-52

1951-52

BIRTH NO.											
1. NAME OF DECEASED (Type or Print) <b>ALETHIA</b>						2. DATE OF DEATH <b>September 11, 1951</b>					
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 22-02</b>					
C. Length of stay in Baltimore						D. STREET ADDRESS (If rural, give location) <b>510 Montgomery Street</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>m</b>		8. DATE OF BIRTH <b>3/18/1903</b>		9. AGE (In years last birthday) <b>48</b>		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John Stoney</b>						14. MOTHER'S MAIDEN NAME <b>Maggie</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mary White 510 W Montgomery St</b>				ADDRESS	
18. <b>1477.1 and 153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinoma of intestine - exact location unknown</b> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK				21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .											
23A. SIGNATURE <b>Stanley D. Dineen</b>						23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>			23C. DATE SIGNED <b>Sept. 14, 1951</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>9/15/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Ct</b>				24D. LOCATION (City, town, or county) (State) <b>B. A. Co. Md</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 14 1951</b>				REGISTRAR'S SIGNATURE <b>Thurston Williams, M.D.</b>				25. FUNERAL DIRECTOR <b>10824</b> <b>St. Bernard's</b>			
				ADDRESS <b>Montgomery St</b>							

TO : DIRECTOR, CIA  
FROM : SAC, NEW YORK (100-100000)  
SUBJECT: [Illegible]  
[Illegible text follows, appearing to be a memorandum or report with several paragraphs of text that is mostly illegible due to fading and bleed-through.]

RECEIVED 9:47 AM FEBRUARY 2 1950  
[Illegible text at the bottom of the page, possibly a signature or reference.]

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Emma Smith Rodgers

2. DATE  
OF  
DEATH

Sept. 11, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

481 Watty Court.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

481 Watty Court

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

December 1903

9. AGE (In years  
last birthday)

47

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Rev. John W. Norris

14. MOTHER'S MAIDEN NAME

Emma L. Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Morris Rodgers 481 Watty Court.

18.

331X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

9-11-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

7-5-51

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1951, to 9-11, 1951, that I last saw the deceased alive on 9-11, 1951, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Harold Combs

23B. ADDRESS

1131 Harlem Ave.

23C. DATE SIGNED

9-13-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-14-1951

24C. NAME OF CEMETERY OR CREMATORY

Arboretus Memorial Arboretus

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1951

T. Williams

Mr. Katie P. Williams

Schneider St.

VS 150

83a



1951

1951

1951

51 7954

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Josephine Singleton.

2. DATE  
OF  
DEATH

Sept. 9, 1957.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

403 Pearl St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

17-01

D. STREET ADDRESS (If rural, give location)

403 Pearl St.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

October 27, 1931

9. AGE (in years;  
last birthday)

19

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Savannah, Ga.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Barker.

14. MOTHER'S MAIDEN NAME

Martha Fennell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Lillie Fennell. 403 N. Pearl St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) \_\_\_\_\_  
DUE TO

Acute Tuberculosis

INTERVAL BETWEEN  
ONSET AND DEATHJuly 15  
th to Aug 1st

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) \_\_\_\_\_

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1957, to Sept 9, 1957, that I last saw the  
deceased alive on Sept 9, 1957, and that death occurred at 9 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 15, 1957

Mt. Auburn

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1957

Huntington Williams

Mrs. Kate O. Williams, 322 N. Schroeder St.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

TO : SAC, NEW YORK  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]

[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a teletype or memorandum.]

51 7955

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7955

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Mary Brown

2. DATE  
OF  
DEATH

9-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2101 Cold Spring Lane

C. CITY OR TOWN

Baltimore

16-01

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1013 Brantley Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

Jan. 10, 1881

9. AGE (In years last birthday)

70

10. Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State of foreign country)

South River, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip Boston.

14. MOTHER'S MAIDEN NAME

Lizzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lillian Bryant, 1013 Brantley Ave

18.

422.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 10, 51, to Sept 11, 51, that I last saw the deceased alive on Sept 11, 51, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. R. Johnson, M.D.

23B. ADDRESS

403 Med Arts Bldg

23C. DATE SIGNED

9-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

Horse Chapel

24D. LOCATION (City, town, or county)

A.A. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 14 1951

REGISTRAR'S SIGNATURE

M. R. Johnson, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Johnson St.

CERTIFICATE OF DEATH

NAME

BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE

TESTIMONY



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLARENCE Ashby Keve

2. DATE  
OF  
DEATH

September 11, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

947 W. Fayette Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 26, 1905

9. AGE (in years  
last birthday)

45

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Charffeur

10B. KIND OF BUSINESS OR  
INDUSTRY

1

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Robert Keve

Trocking

14. MOTHER'S MAIDEN NAME

Gentrude White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mary Carter 947 W. Fayette St.

ADDRESS

5+

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion, resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dunsen

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 12, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/16/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 14 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

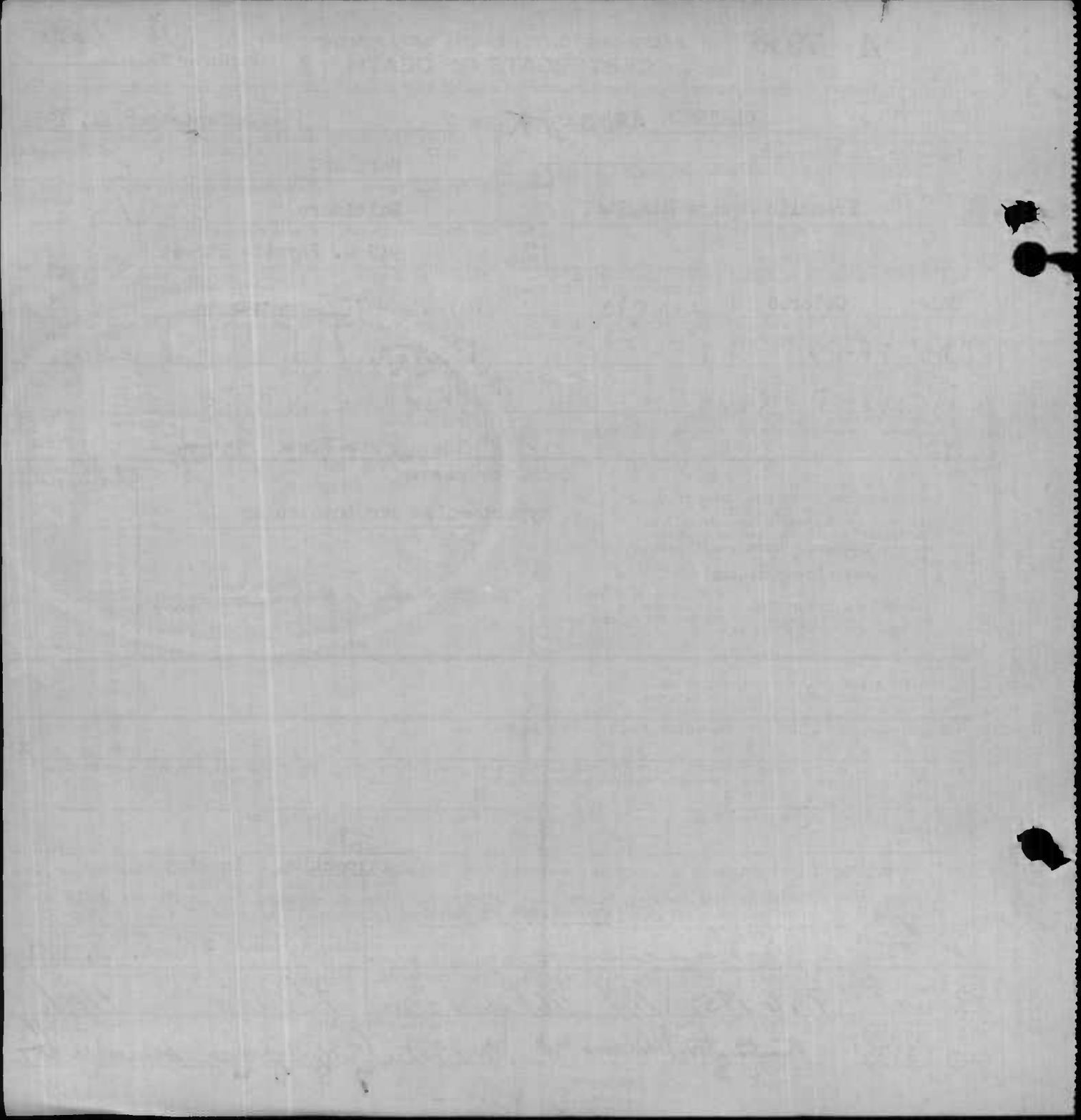
322 N. Schenck St.

VS 151

63500079

93D ✓





51 7957

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7957

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Stanley Taransky-TARANSKI

2. DATE  
OF  
DEATH

9-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

1131 N. Milton St Ave.

C. Length of stay in Baltimore

45

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

March 16/04

9. AGE (in years last birthday)

47

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRINTER

10B. KIND OF BUSINESS OR INDUSTRY

PRINTING

11. BIRTHPLACE (State or foreign country)

Europe (AUSTRIA)

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Albert TARANSKI

14. MOTHER'S MAIDEN NAME

Zilla ZOFIA OCZUS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oonow)

No

16. SOCIAL SECURITY NO.

213-10-7848

17. INFORMANT

MRS. ELSIE TARANSKI

ADDRESS

1131 N. MILTON AVE

18.

443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) C-V-A. - Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2° 30'

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C-V-D.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 9-10, 1951, to 9-10, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Yung-tsing Wong M. D.

23B. ADDRESS

South Baltimore General Hospital

23C. DATE SIGNED

9-10-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/15/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Anne Arundel Co.

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

SEP 14 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M.F. Sadowski &amp; Sons, 1308 Eastern Avenue

VS 150

195 518 41

Charles W. Sadowski 937

9-10-21

Stanley Tarnowsky, Maryland

Stanley Tarnowsky

South Baltimore General Store

131 N. W. Street

Marblehead, Md.

James H. Tarnowsky

1111 N. W. Street

1111 N. W. Street

1111 N. W. Street

1111 N. W. Street

1111 N. W. Street

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1111 N. W. Street

1111 N. W. Street

1111 N. W. Street

1111 N. W. Street

CERTIFICATE CORRECTED 10-2-51

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 7958

MK-150228

BIRTH NO.

51 7958

1. NAME OF DECEASED  
(Type or Print)

Thos. Kyler Jr.

2. DATE  
OF  
DEATH

9-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION  
Baltimore City Hospital

location)

4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

60 Spa. Rd. Annapolis, Md.

c. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 30, 1888

9. AGE (in years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR  
INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thos. Kyler, Sr.

14. MOTHER'S MAIDEN NAME

Mary Liza Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

216-16-6174

17. INFORMATION ADDRESS

Baltimore City Hospital  
Records: 4940 Eastern Ave.

18.

181X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of Bladder

1 Yr.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-22-51

19B. MAJOR FINDINGS OF OPERATION

Suprapubic Cystostomy with loop resection of tumor

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10-1951 to 9-12-1951, that I last saw the  
deceased alive on 9-10-9-12-51 and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Cohen

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-12-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Brewer Hill Cemetery

24D. LOCATION (City, town, or county)

Annapolis Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Rose

25. FUNERAL DIRECTOR

William Rose 1108 Washington

ADDRESS

Annapolis, Maryland

VS 150

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B-439 7959

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7959  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AUGUST BOLD

2. DATE  
OF  
DEATH

9/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived If institution: residence  
before admission)  
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
location)  
HOSPITAL OR  
INSTITUTION

3429 Caton Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore Md 2007

D. STREET ADDRESS (if rural, give location)

3429 Caton Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 3, 1879

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR  
INDUSTRY

Wholesale Meat Pkg.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

August Bold

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mathilde Bold - 3429 Caton Ave.

18. 760X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Antecerebral Cerebral disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

J. L. Williams

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

9/14/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/15/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 14 1951

REGISTRAR'S SIGNATURE

J. L. Williams

25. FUNERAL DIRECTOR

Wm. J. Lickner &amp; Sons - Balto

ADDRESS

VS 151

64440

791361 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



Top of mountain of milk  
with

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 7960**

BIRTH NO. **410 1 7960**

1. NAME OF DECEASED (Type or Print) <b>ANNA A. KOLB</b>			2. DATE OF DEATH <b>September 13, 1951</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Baltimore</b>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>5801 Kenmore Road</b>			c. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>5801 Kenmore Road</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Oct. 11, 1898</b>	9. AGE (in years last birthday) <b>52</b>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Registered Nurse</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Nursing</b>		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>John J. Kolb</b>			14. MOTHER'S MAIDEN NAME <b>Caroline Kirchner</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mr. C. Francis Kolb - Galesville, Md.</b>			ADDRESS		

18. **E871.0**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Overdose of barbiturate**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute alcoholism**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**Home**

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  
**5801 Kenmore Road**

21d. TIME (Month) (Day) (Year) (Hour)  
**Sept. 13, 1951 A.m.**

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?  
**accidentally**  
**Ingested overdose of barbiturate,**

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

*William W. Brown*

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐  
**Sept. 13, 1951**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE

**9/15/51**

24c. NAME OF CEMETERY OR CREMATORY

**Quaker Burying Ground**

24d. LOCATION (City, town, or county) (State)

**Galesville, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*William W. Brown*

25. FUNERAL DIRECTOR

*Wm. J. Tickenner & Sons*

ADDRESS

**SEP 14 1951**

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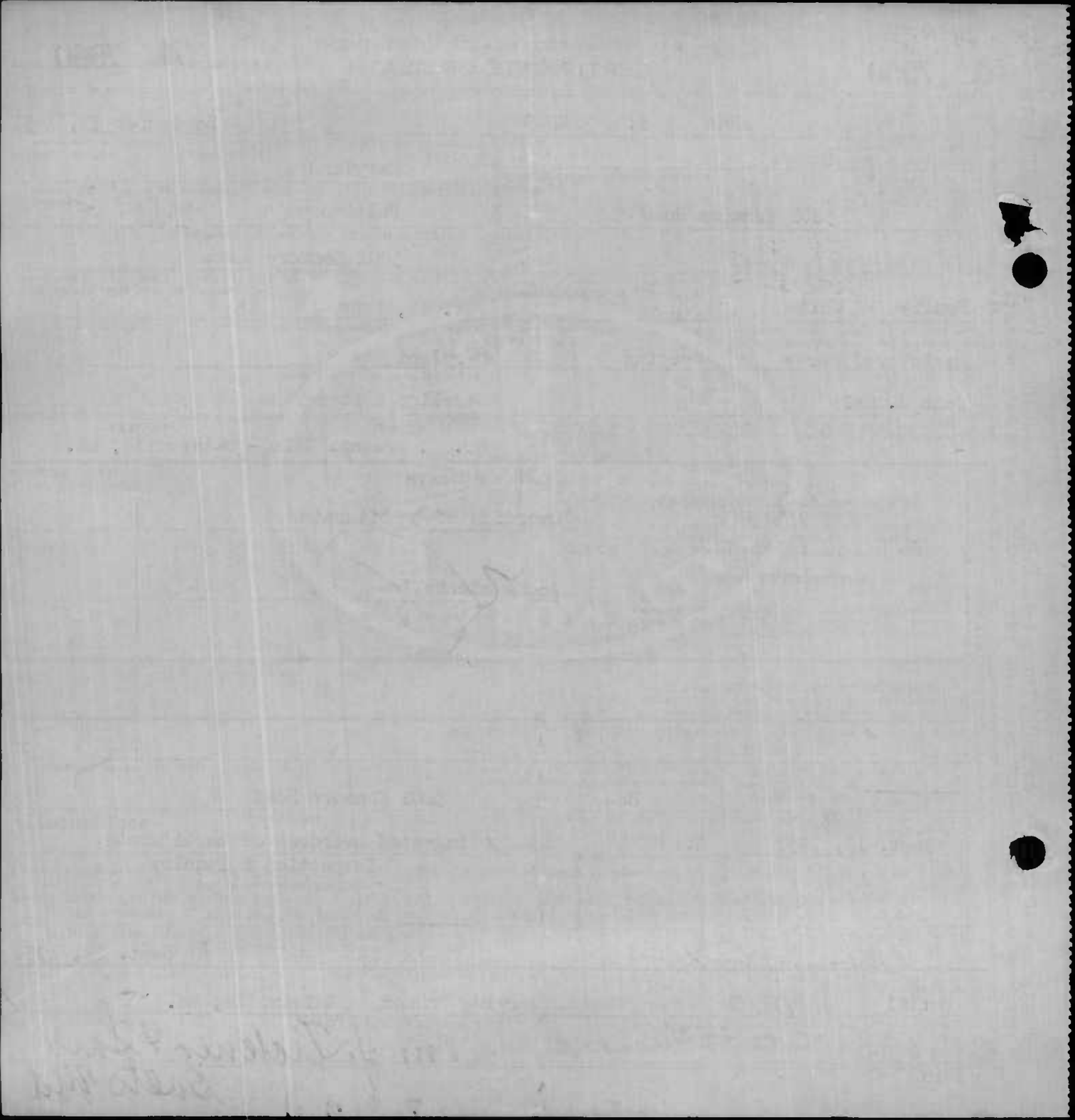
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**17912**

**Baeto md**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-420  
51 7961

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7961

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CORA KIMMEL MILLS		9/13/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				A. STATE	
Maryland General Hospital				Md.	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)				B. COUNTY	
Baltimore					
D. STREET ADDRESS (If rural, give location)					
901 W. University Parkway					
c. Length of stay in Baltimore		Yrs. Mos. Days			
Life					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10 Under 1 Year Months Days
Female	White	Widowed	Sept. 16, 1871	79	11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
None		None		W. Va.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
S. Peter Kimmel			Henrietta Carrington		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
None		None		Mrs. Homer U. Todd-901 W. University Pkwy	

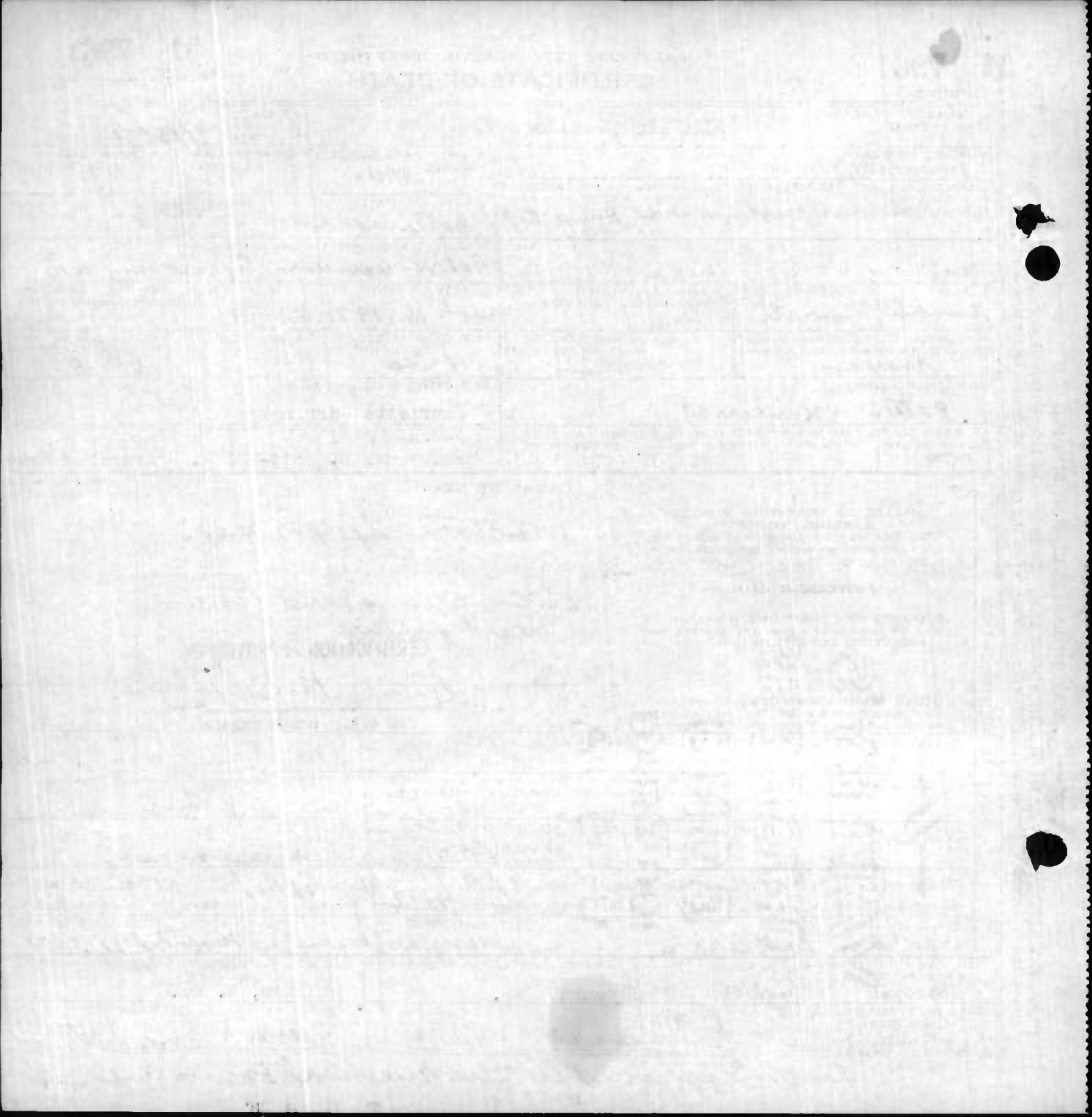
18. E-903.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Fracture of R.T. Hip.		DUE TO			
ANTECEDENT CAUSES		(B) Chronic myocarditis & heart failure		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CERTIFICATION APPROVED BY			
II		(C) Stanley H. Durack		M.D.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CHIEF OR ASST. MEDICAL EXAMINER			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
None				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		Home		901 W. University Parkway	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
9-8-51		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		Slipped and fell on rug	
22. I hereby certify that I attended the deceased from 9/8/1951, to 9/13/1951, that I last saw the deceased alive on 9/13/1951, and that death occurred at 10:32 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Gale B. Bakhair		M.D. Maryland General Hospital		9/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Removal		9/15/51		Bluemont Cem.	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
Grafton, W. Va.		Grafton, W. Va.		Grafton, W. Va.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
SEP 14 1951		L. M. J. Pickner		L. M. J. Pickner	

VS 150

N-820.0

To be approved by the Medical Examiner

186a



M-240 51 7962

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7962  
Registered No.

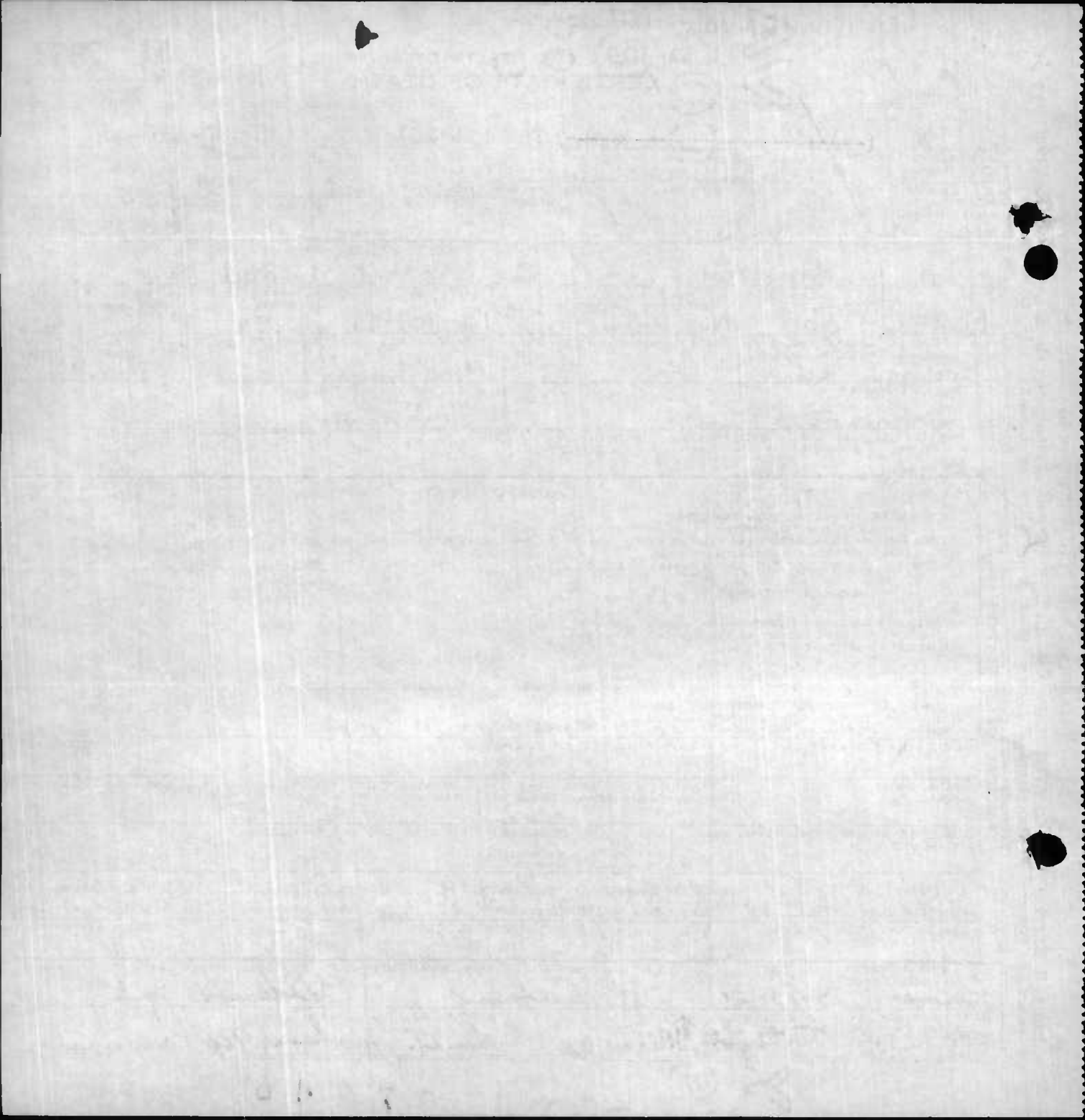
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>(William Jackson) FRANK MC CALL</u>			2. DATE OF DEATH <u>9-10-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>618 W. Redwood St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>Not known</u>			D. STREET ADDRESS (If rural, give location) <u>618 W. Redwood St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Not known</u>	8. DATE OF BIRTH <u>9-10-51</u>	9. AGE (In years, last birthday) <u>78</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Not known</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <u>177X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of prostate</u> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Secondary anemia</u>		

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>May 19, 1950</u> , to <u>Sept. 10, 1951</u> , that I last saw the deceased alive on <u>Aug. 18, 1951</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>C.R. Campbell</u>	23B. ADDRESS <u>718 Delphin St.</u>	23C. DATE SIGNED <u>9-11-51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24B. DATE <u>7-17-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>	25. FUNERAL DIRECTOR <u>Ston. A. Jackson</u>	ADDRESS <u>946 Penna. Ave</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 14 1951</u>		
REGISTRAR'S SIGNATURE <u>Timothy Williams</u>		





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

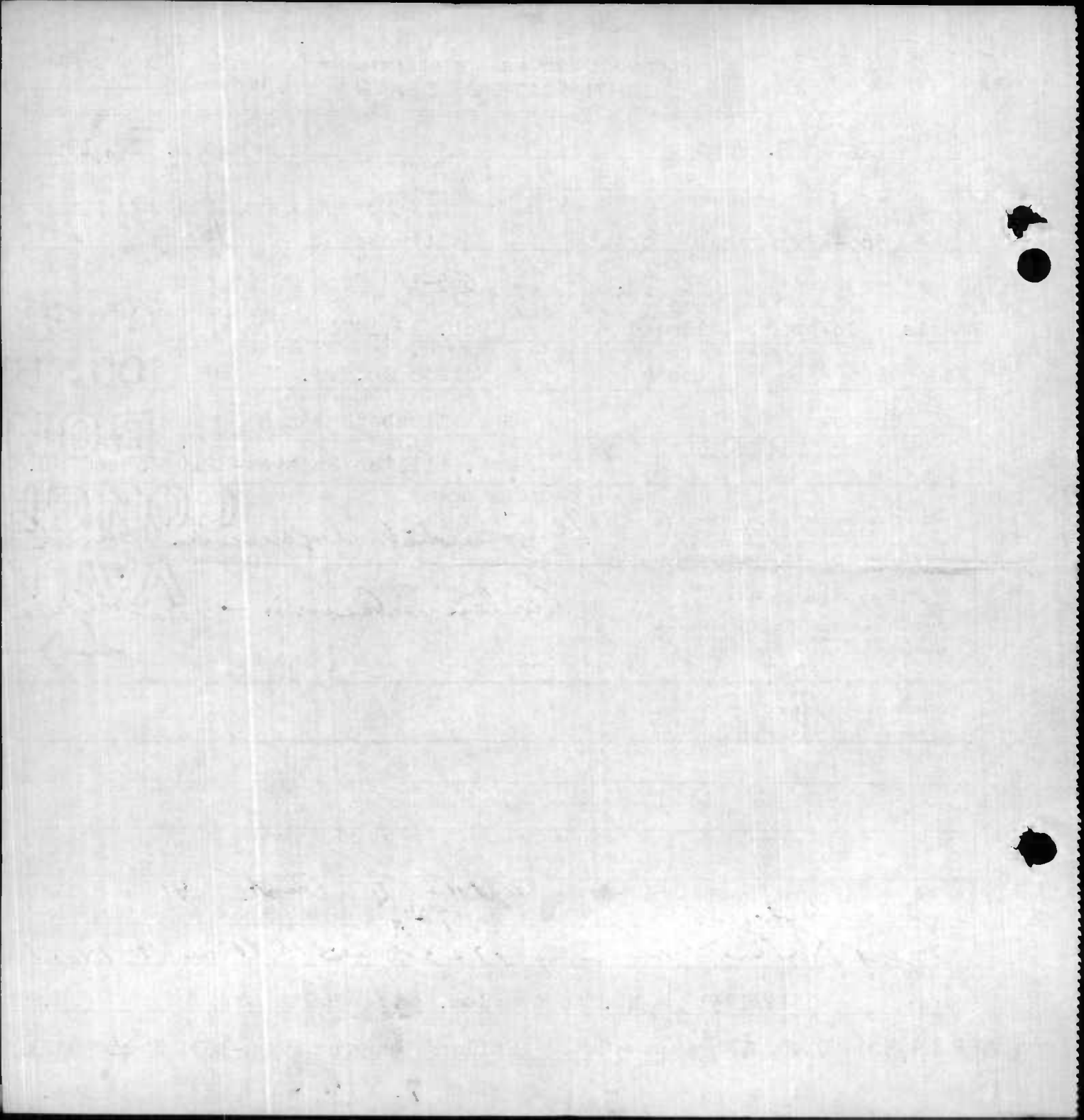
1. NAME OF DECEASED (Type or Print) <b>Katie B. Hunter</b>			2. DATE OF DEATH <b>Sept. 12, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>17-01</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>565-1/2 Orchard Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>37 yrs.</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>565-1/2 Orchard Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 17, 1874</b>	9. AGE (In years last birthday) <b>77</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Nelson Co. Va.</b>
13. FATHER'S NAME <b>Unknown</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Lillian Bostick-2219 Howaed St.</b>			ADDRESS		

MEDICAL CERTIFICATION	18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial degeneration</b>	CAUSE OF DEATH <b>myocardial degeneration</b>	INTERVAL BETWEEN ONSET AND DEATH <b>months</b>
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <b>Arteriosclerosis -</b>	<b>infinit</b>
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION <b>0</b> 19B. MAJOR FINDINGS OF OPERATION		

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 11 -</b> , 19 <b>51</b> , to <b>Sept 12</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Sept 12, 1951</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <b>1223 Druid Hill Ave</b>		23C. DATE SIGNED <b>9-14-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/14/1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 14 1951</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR <b>Holland Funeral Home-1631 Druid Hill</b>	
VS 150		9510007047 937 Ave.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



530  
51 7964

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7964  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Philip Scherind

2. DATE  
OF  
DEATH

9/13/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

1316 Belvedere Ave. W.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. ~~STATUS~~ WIDOWED, DIVORCED, (Specify)  
Widowed

8. DATE OF BIRTH

Aug 30 1875

9. AGE (in years last birthday)

76

10 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Balto Transit Co.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Philip Schwind

14. MOTHER'S MAIDEN NAME

MARY Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

PATIENT

18.

331X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) ...  
DUE TO

Cerebral V. Accident

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...  
DUE TO  
(C) ...

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/11/57 to 9/13/57, that I last saw the deceased alive on 9/13/57, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. K. Chamber MD

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

9/13/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/17/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

SEP 14 1957

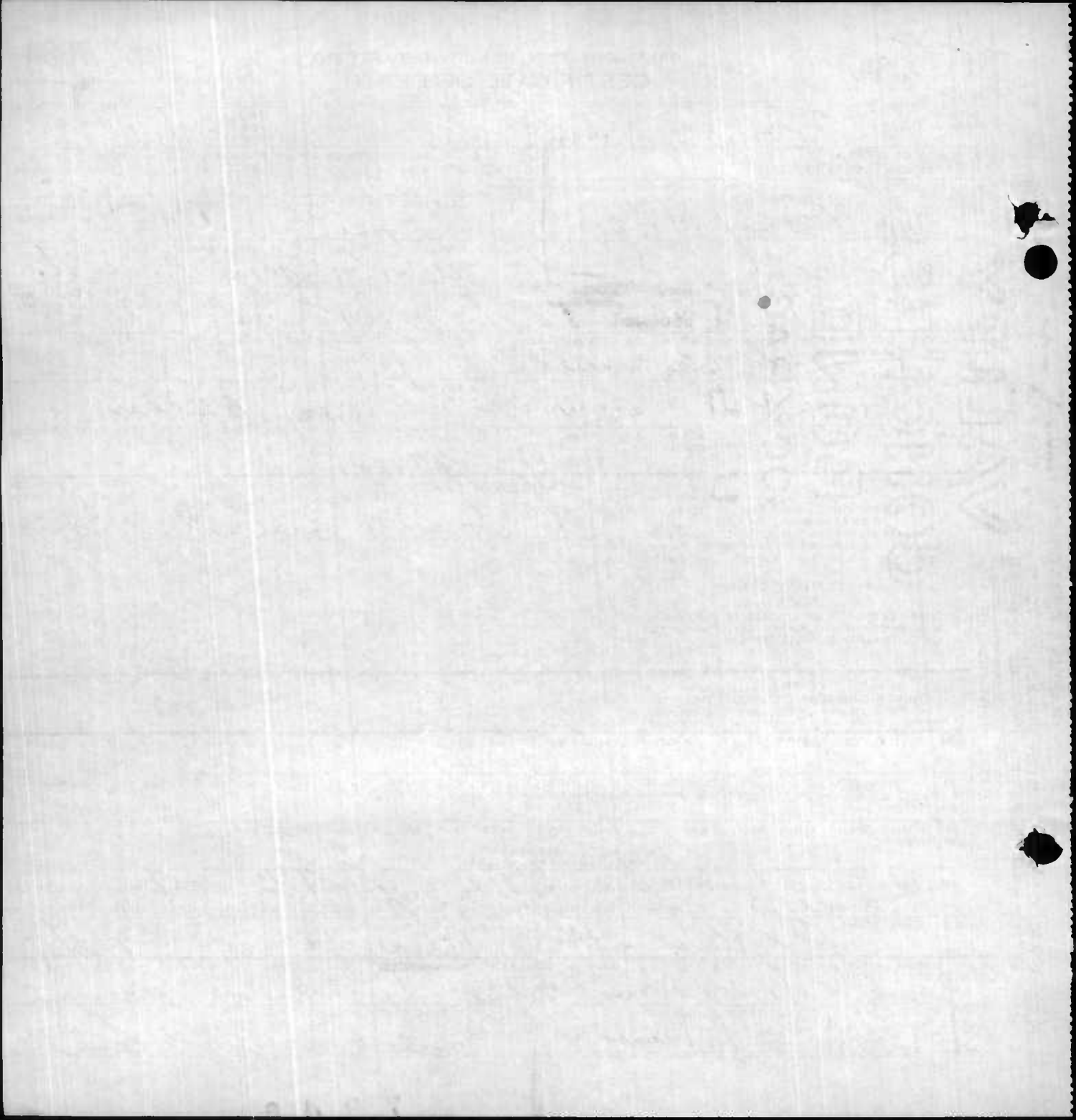
VS 150

510907948

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7965

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Bertie B. Pyle</b>		2. DATE OF DEATH <b>September 12, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2317 Aiken Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>2317 Aiken Street</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>August 10, 1876</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <b>75</b>
13. FATHER'S NAME <b>Calvin Bond</b>		11. BIRTHPLACE (State or foreign country) <b>Harford County, Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME <b>Hannah Ely</b>	
17. INFORMANT <b>Kempson Pyle, Jr.,</b>		ADDRESS <b>2317 Aiken Street</b>	

18. <b>422.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic myocarditis</b> DUE TO <b>myocardial degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>several years</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		
19A. DATE OF OPERATION <b>9/15/51</b>	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <b>December, 1948</b> , to <b>Sept 12, 1951</b> , that I last saw the deceased alive on <b>Sept 12, 1951</b> , and that death occurred at <b>12:05 P.M.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>[Signature]</b>	23B. ADDRESS <b>1250 E. North Ave</b>	23C. DATE SIGNED <b>9/13/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>9/15/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Park Cemetery</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 14 1951</b>		24D. LOCATION (City, town, or county) (State) <b>Parkville, Maryland</b>
REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>
VS 150		ADDRESS <b>1217 St. Paul Street</b>

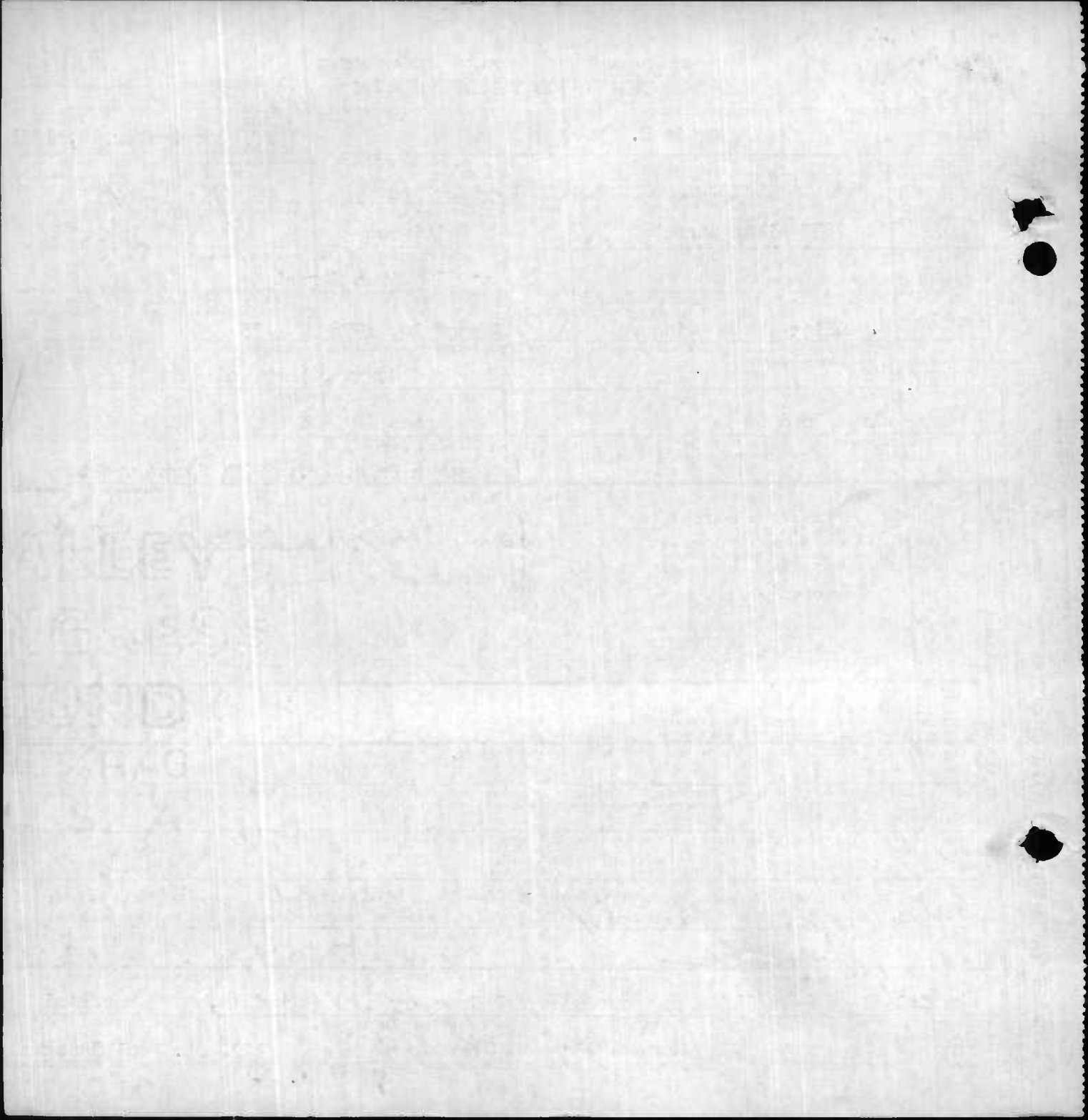
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

93D





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7966  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

PAGE C. MORDECAI

2. DATE  
OF  
DEATH

September 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2507 St. Paul Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Jan. 7, 1914

9. AGE (In years  
last birthday)

37

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

A. Merriman Casey

14. MOTHER'S MAIDEN NAME

Louise Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George P. Mordecai, Jr., 2507 St. Paul

18. 4/22 x

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Diffuse interstitial myocarditis

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William V. Lewis*

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 13, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

9/15/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*William V. Lewis*

25. FUNERAL DIRECTOR

ADDRESS

26m. Cook, Inc., 1217 St. Paul Street

SEP 14 1951

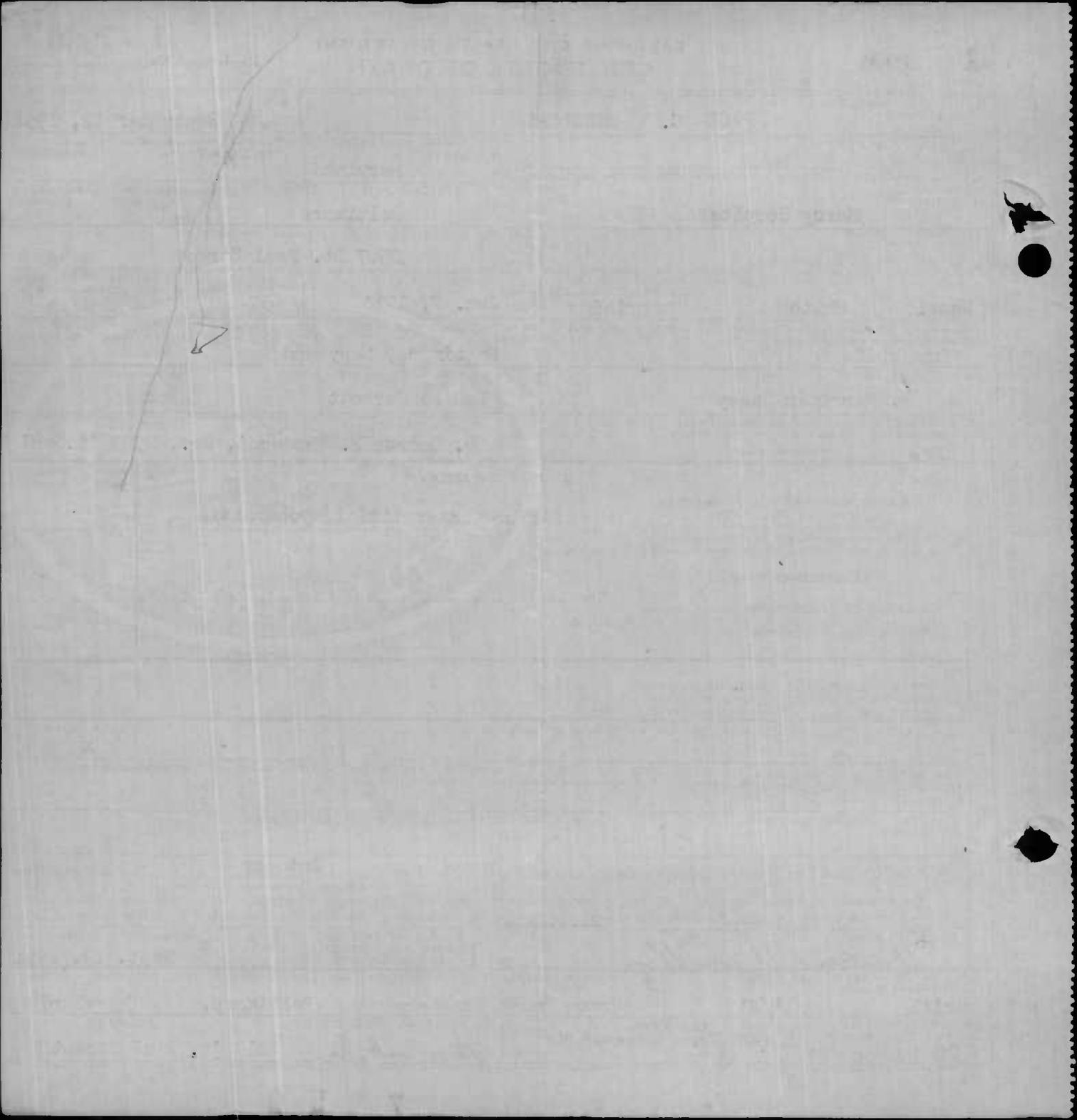
V S 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

510307250

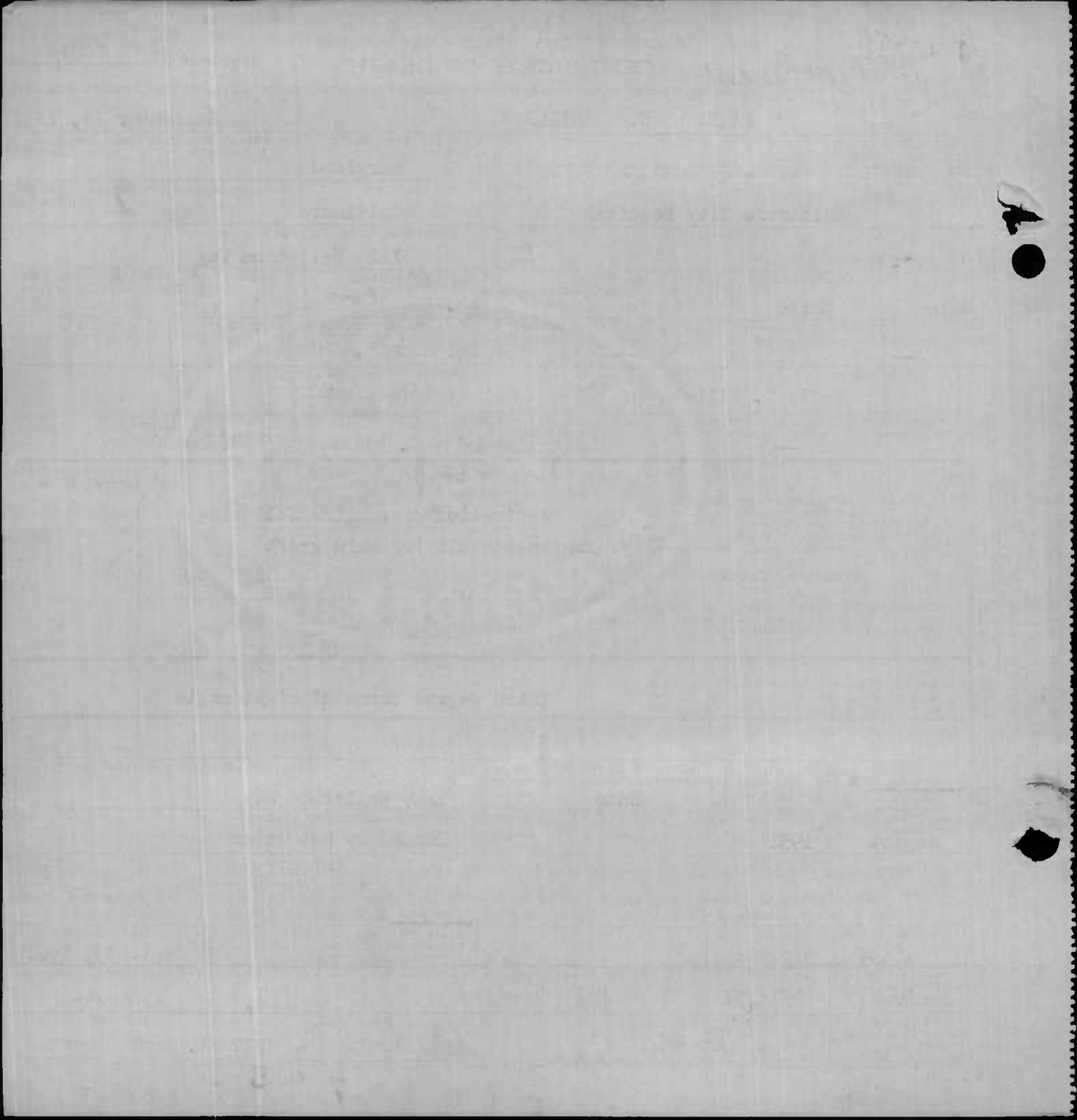
93D



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **51 7967**M-420  
BIRTH NO. **51 7967** *Not Resumed*

1. NAME OF DECEASED (Type or Print) <b>JAMES D. MILLS</b>			2. DATE OF DEATH <b>September 13, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-36</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1229 Wellsbach Way</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Feb. 26, 1950</b>	9. AGE (In years last birthday) <b>1</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Portsmouth, Ohio</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Kelly C. Mills</b>			14. MOTHER'S MAIDEN NAME <b>Barbara Slone</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Kelly C. Mills, 1229 Wellsbach Way</b>		

18. <b>E 917.0, and E 954X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Aspiration of vomitus following</b> (A) <b>anesthesia for skin graft</b> ANTECEDENT CAUSES (B) <b>Third degree burns of right ankle</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1229 Wellsbach Way</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>August 1951</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Burned by hot water</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William B. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>Sept. 13, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24B. DATE <b>9/14/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Hall Cemetery</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 14 1951</b>		REGISTRAR'S SIGNATURE <i>William B. Smith</i>		25. FUNERAL DIRECTOR <i>Wm. Cook</i> ADDRESS <b>1217 St. Paul Street</b>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7968

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sigrid Jefferson

2. DATE  
OF  
DEATH

9/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Memorial Hos.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan. 30, 1910

9. AGE (In years  
last birthday)

51

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Scamark

12. CITIZEN OF  
WHAT COUNTRY?

American

13. FATHER'S NAME

Hermen Happel

14. MOTHER'S MAIDEN NAME

Carolina Flint

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Arthur Jefferson  
Toppa, Md.

18.

170X.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Widespread metastasis of cancer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Malignant tumor of breast

1941

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6 1951, to 9/13, 1951, that I last saw the  
deceased alive on 9/13, 1951, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James A. Ford

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

9/14/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

9/12/51

24C. NAME OF CEMETERY

London Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

D.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. M. Cook, Inc. 1217 St. Paul St.

SEP 14 1951

50



\_\_\_\_\_

460  
51 7969BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7969  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Alice May Taylor

2. DATE  
OF  
DEATH

Sept. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1209 Holbrook Street

5. SEX

Fe.

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 23, 1902

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR  
INDUSTRY

Baltimore Transit Co. Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Albert Warner

14. MOTHER'S MAIDEN NAME

Mary C. Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
217-01-7737

17. INFORMANT

ADDRESS

Mrs. Ruth E. Dietrich, 1209 Holbrook St.

18.

445X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Malignant hypertension

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17/1951, to 9/14/1951, that I last saw the  
deceased alive on 9/14/1951, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Paul Coffey Jr.

M. O.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

9/14/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/17/51

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery, Hampden

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 14 1951

REGISTRAR'S SIGNATURE

Wm. Cook, Inc.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.,

ADDRESS

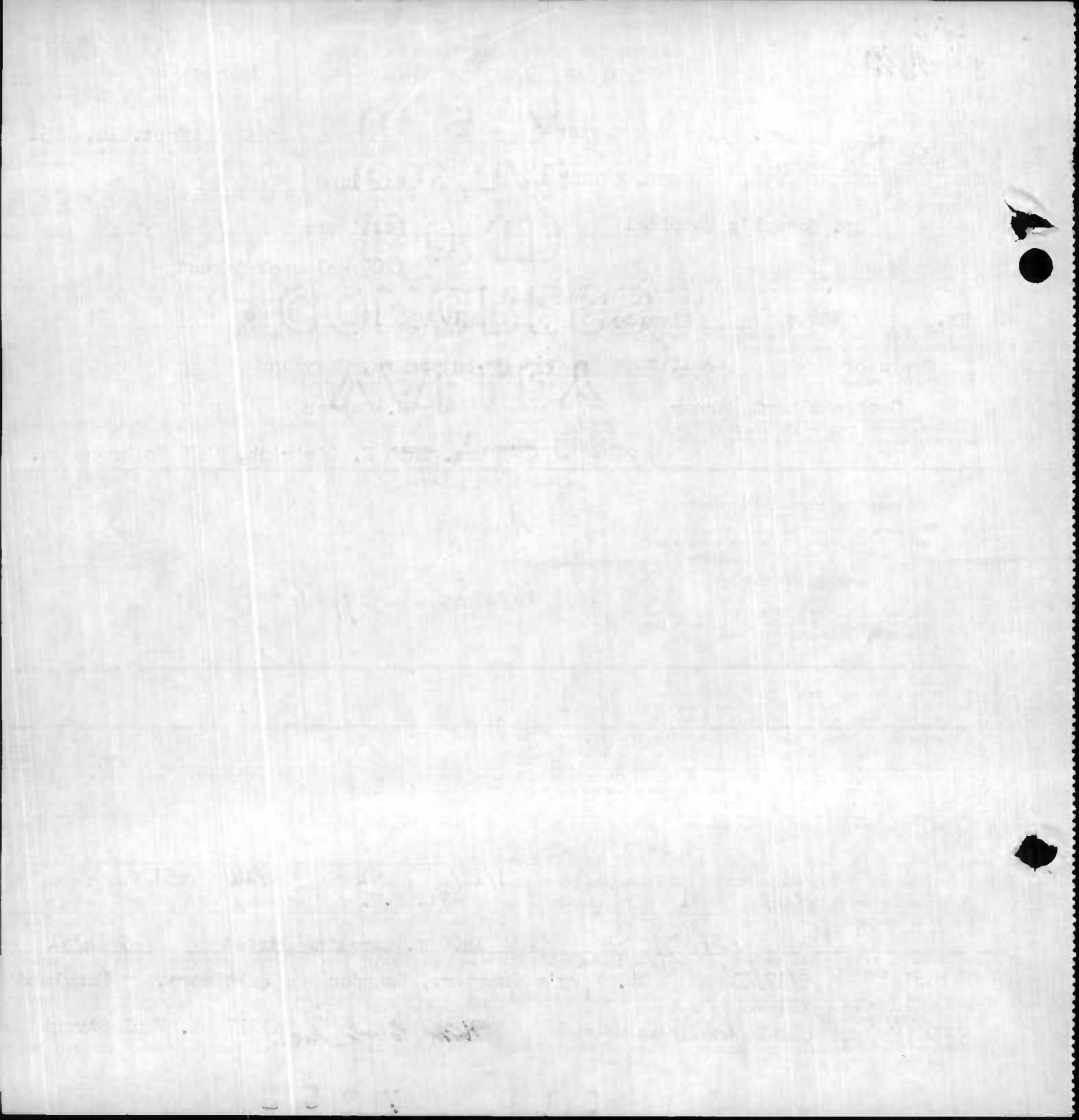
1217 St. Paul Street

VS 150

62551

7953

102



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7970  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Melvin Ellsworth PENN

2. DATE  
OF  
DEATH

Sept. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 4649 Harcourt Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 27-01

D. STREET ADDRESS (If rural, give location)  
4649 Harcourt Road.

C. Length of stay in Baltimore Lifetime

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 18, 1910

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Laboratory Technician

10B. KIND OF BUSINESS OR INDUSTRY  
Esso Standard Oil

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Norman PENN

14. MOTHER'S MAIDEN NAME

Anna Adele COBURN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Melvin Penn 4649 Harcourt Rd.  
Baltimore, Md.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarct

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Previous Myocardial Infarct 20 months ago

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular Disease

over 2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1950, to Sept. 12, 1951, that I last saw the deceased alive on Sept. 12, 1951, and that death occurred at 8:35 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. Shaw, Jr. MD

23B. ADDRESS

1837 Northern Pkwy (12)

23C. DATE SIGNED

Sept. 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-12-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

SEP 14 1951

REGISTRAR'S SIGNATURE

Walter J. Williams, MD

25. FUNERAL DIRECTOR

Leonard J. Puck 1505 W. 30th St

ADDRESS

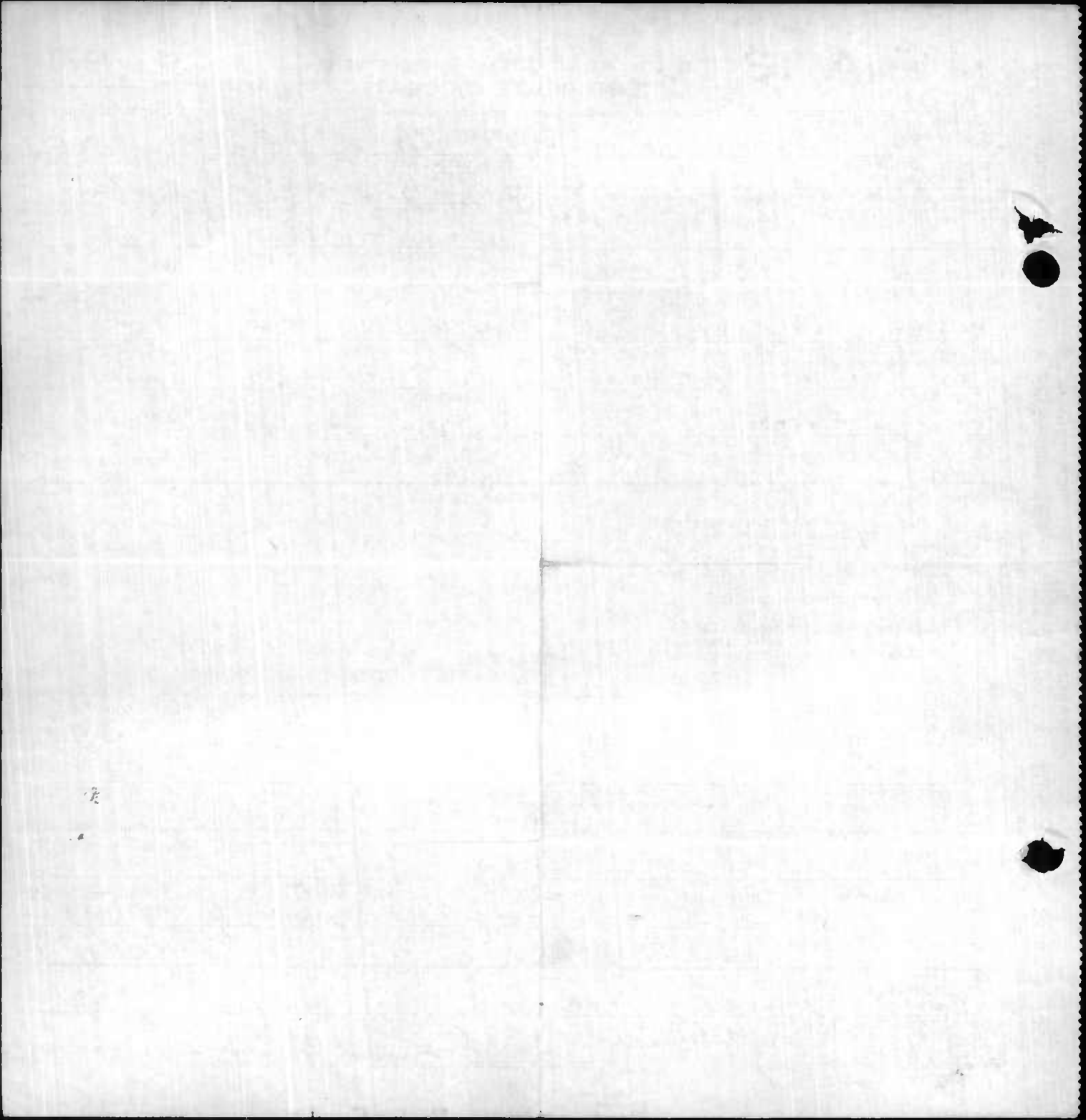
VS 150

09540

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7971  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Louis Kraft</b>			2. DATE OF DEATH <b>Sept. 13, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3411 Roselawn Ave</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			6. CITY OR TOWN (If outside corporate limits, within RURAL, and give township) <b>Baltimore</b>		
7. Length of stay in Baltimore <b>7 1/2</b> Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) <b>3411 Roselawn Ave</b>		
9. SEX <b>Male</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	12. DATE OF BIRTH <b>Feb. 24, 1875</b>	13. AGE (In years last birthday) <b>76</b>	14. Under 1 Year Months: Days 15. Under 24 Hours Hours: Min.
16A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		16B. KIND OF BUSINESS OR INDUSTRY <b>Meat</b>		17. BIRTHPLACE (State or foreign country) <b>Balto., Md</b>	
18. FATHER'S NAME <b>John Kraft</b>			19. MOTHER'S MAIDEN NAME <b>Margaret Meise</b>		
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		21. SOCIAL SECURITY NO. <b>214-01-3377</b>		22. INFORMANT <b>Wife - Nora E Kraft</b>	
23. ADDRESS		24. ADDRESS <b>3411 Roselawn</b>			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>177X I</b> <b>Cancer of prostate</b> DUE TO <b>10 months</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 months</b>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Par Kinson's dis.</b> <b>10 years</b>					
20A. DATE OF OPERATION <b>0</b>		20B. MAJOR FINDINGS OF OPERATION		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		22B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
23A. TIME (Month) (Day) (Year) (Hour) OF INJURY		23B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23C. HOW DID INJURY OCCUR?	
24. I hereby certify that I attended the deceased from <b>1948</b> , to <b>Sept. 13</b> , 1951, that I last saw the deceased alive on <b>Sept. 9</b> , 1951, and that death occurred at <b>9<sup>15</sup> A.m.</b> , from the causes and on the date stated above.					
25A. SIGNATURE <b>Donald Jandoy</b>		25B. ADDRESS <b>6077 Harford Rd</b>		25C. DATE SIGNED <b>9-13-51</b>	
26A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		26B. DATE <b>9-15-51</b>		26C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	
26D. LOCATION (City, town, or county) <b>Balto Md</b>		(State)			
27. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 14 1951</b>		28. REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>		29. FUNERAL DIRECTOR <b>L. J. Ruck + Sons</b>	
30. ADDRESS		31. ADDRESS <b>2305 Harford Rd</b>			



CENTRE OF DEATH

U.S.A.

100% A.S.

BOARD

CONGRESS

VALLEY

1970

1971

1972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 7972**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Hedman, A. Vincent**2. DATE  
OF  
DEATH**9-18-51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION**36 Franklin St. Hospital**

C. CITY OR TOWN (If outside corporate limits write RURAL and give

township)

D. STREET ADDRESS (If rural, give location)

**1667 Clifton Ave**

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**1-8-1874**

9. AGE (In years

last birthday)

**77**

10. Under 1 Year

Months: Days

**9**

11. Under 24 Hours

Hours: Min.

**5**10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY**Retired**

11. BIRTHPLACE (State or foreign country)

**MD**12. CITIZEN OF  
WHAT COUNTRY?**USA**

13. FATHER'S NAME

**Henry Hedman**

14. MOTHER'S MAIDEN NAME

**MARY BLOSS**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**unknown**16. SOCIAL  
SECURITY NO.

17. INFORMANT

**H. Vincent Hedman**

ADDRESS

**3303 White Ave**

18.

**177X I**DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.**Carcinoma of the Prostate**INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1951**, to **9-13**, 19**51**, that I last saw the  
deceased alive on **9/13**, 19**51**, and that death occurred at **3:20 P** m., from the causes and on the date stated above.

23A. SIGNATURE

**W. H. Williams**

M. D.

23B. ADDRESS

**2nd St. Hospital**

23C. DATE SIGNED

**9/18/51**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

**9-17-51**

24C. NAME OF CEMETERY OR CREMATORY

**Baltimore**

24D. LOCATION (City, town, or county)

**Balto MD**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**W. H. Williams, MD**

25. FUNERAL DIRECTOR

ADDRESS

**L. J. Rogers 5305 Harford Rd****SEP 14 1951**

VS 150

**51B**

1000

RECEIVED  
OFFICE OF THE  
SHERIFF



RECEIVED  
OFFICE OF THE  
SHERIFF



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7973  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MICHAEL

PATRICK

TOSKES

2. DATE  
OF  
DEATH

September 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY  
BaltimoreB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Dundalk

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

2 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 9, 1949

9. AGE (In years  
last birthday)

2

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

Julius Toskes

14. MOTHER'S MAIDEN NAME

Anna Strovel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Toskes, 833 S. Linwood Avenue

18. E900.0,

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of skull

~~DOE~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

~~DOE~~

(C) Contusion of brain

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

2360 Eutaw Place

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9/7/51

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from 3rd story porch to ground

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Decker

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

9/14/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/16/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frank Della Noce

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Noce - Balto. Md.

VS 151

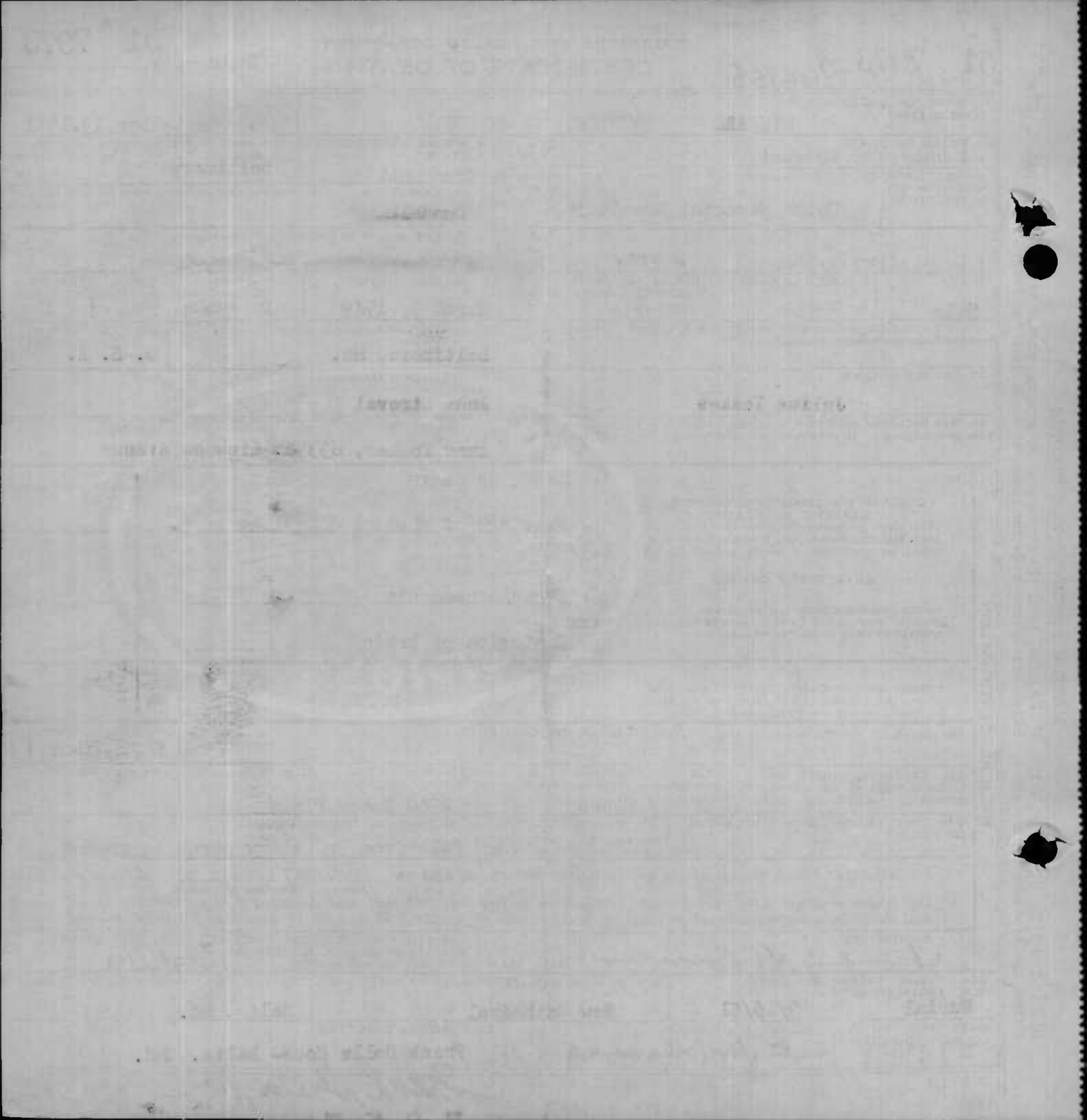
1-803.2

4510003057

Frank Della Noce

186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 7974

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Bailey

2. DATE  
OF  
DEATH

Sept 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Caton &amp; Wilkens Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Daniels, Md.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Baby

8. DATE OF BIRTH

9/13/51

9. AGE (in years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hobert Bailey

14. MOTHER'S MAIDEN NAME

Thelma Barker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hobert Bailey Daniels Md

18. 776X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 13, 1951, to Sept. 13, 1951, that I last saw the deceased alive on Sept. 13, 1951, and that death occurred at 7:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Les N. Lay, Jr.

M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

9/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1951

T. C. Higinbotham

T. C. Higinbotham, Ellicott City, Md



WATSON

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above named matter.

I am sorry to hear that you are not satisfied with the result of the investigation.

I have been unable to find any further information regarding the same.

I am, Sir, very respectfully,  
Yours,  
J. H. Watson

Very truly,  
J. H. Watson

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7975

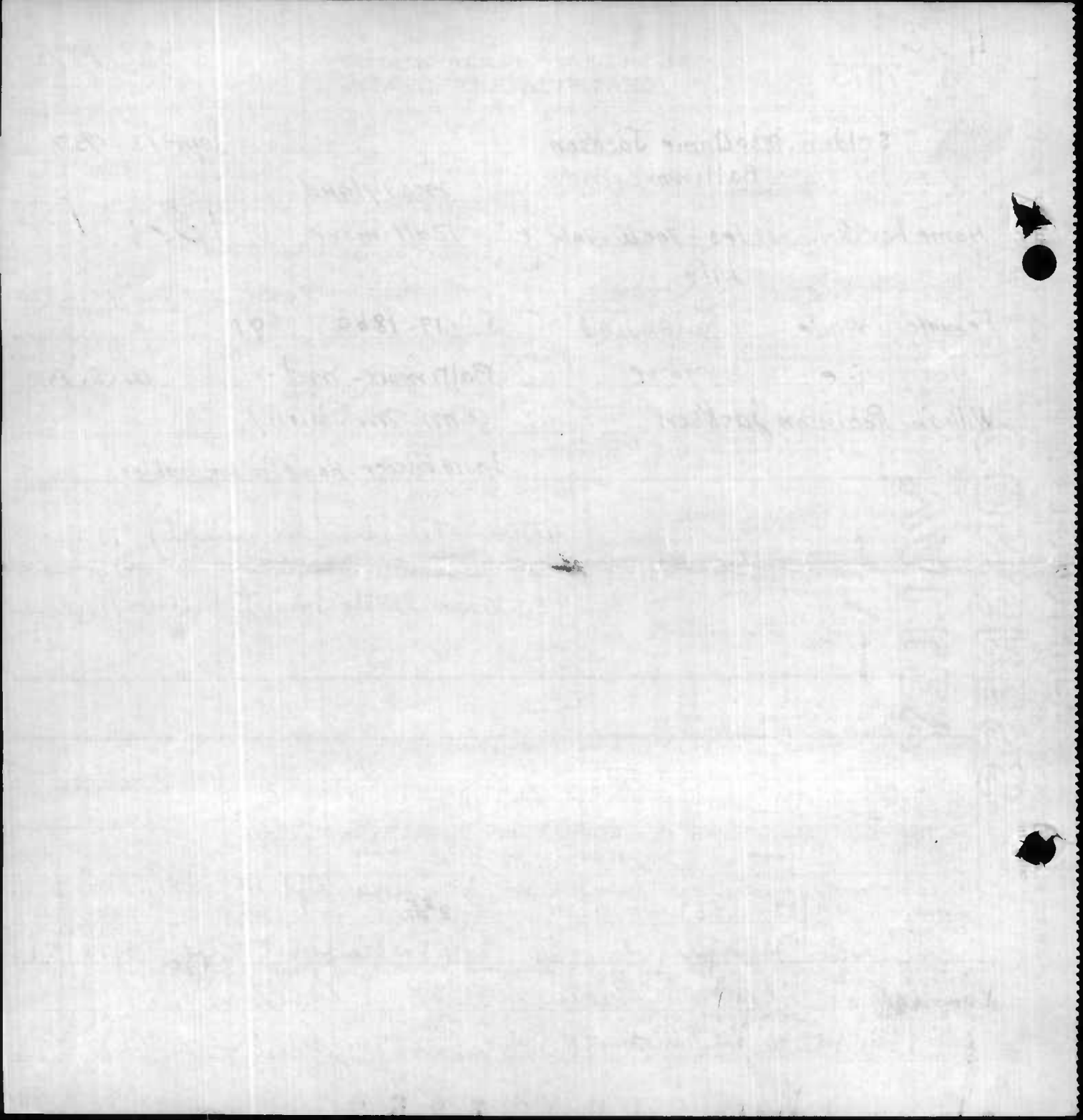
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Selden, Mrs Annie Jackson</b>		2. DATE OF DEATH <b>Sept 13 - 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home For Incurables - 700 W - 40th St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>13-07</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 19 - 1860</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>none</b>	9. AGE (In years last birthday) <b>91</b>
13. FATHER'S NAME <b>William Robinson Jackson</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore - Md.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME <b>Ann M. Patrick</b>	
17. INFORMANT <b>Haura Fischer - Home For Incurables</b>		ADDRESS _____	

18. <b>260X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerosis (Generalized)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 years</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Ante Diabetes Mellitus</b>		<b>16 years</b>
(B) <b>Arteriosclerotic Heart Disease</b>		<b>11 years</b>
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>July 20</b> 1940 to <b>Sept. 13</b> , 1951, that I last saw the deceased alive on <b>9/13</b> , 1951, and that death occurred at <b>8:55 PM</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>W. Hutton Humpen</b>		23B. ADDRESS <b>214 Medical Arts Bldg.</b>		23C. DATE SIGNED <b>9/13/51</b>	
24A. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>Sept 15 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount</b>	
24D. LOCATION (City, town, or county) <b>Balto., Md.</b>		24E. NAME OF CEMETERY OR CREMATORY <b>Balto., Md.</b>		24F. LOCATION (City, town, or county) <b>Balto., Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 14 1951</b>		REGISTRAR'S SIGNATURE <b>W. Hutton Humpen</b>		25. FUNERAL DIRECTOR <b>H. Jenkins Sons Co 4905 York Rd.</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 7976**

BIRTH NO. **623**

1. NAME OF DECEASED  
(Type or Print)

**SR. M. GUDELIA CHRISTMAN**

2. DATE  
OF  
DEATH

**September 13, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **4701 N. Charles St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION

**Notre Dame of Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**4701 N. Charles St.**

c. Length of stay in Baltimore

**About 30 yrs.**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**December 25, 1852**

9. AGE (in years last birthday) Months Days

**98**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Religious**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Lorraine, France**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Jaques Christman**

14. MOTHER'S MAIDEN NAME

**Madeline Heackel**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or nokoowo) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Sr. M. Perpetua 4701 N. Charles St.**

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Heart Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Generalized Arteriosclerosis**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/6**, 19**51**, to **9/13**, 19**51**, that I last saw the deceased alive on **9/12**, 19**51**, and that death occurred at **4:30 AM.**, from the causes and on the date stated above.

23A. SIGNATURE

**Charles J. Blazek** M. D.

23B. ADDRESS

**101 E. Biddle St.**

23C. DATE SIGNED

**9/14/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Sept. 15, 1951**

24C. NAME OF CEMETERY OR CREMATORY

**Sisters' Cemetery**

24D. LOCATION (City, town, or county) (State)

**Charles St. and Homeland Ave.**

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 14 1951**

REGISTRAR'S SIGNATURE

**William M. Williams**

25. FUNERAL DIRECTOR

**Charles S. Giler**

ADDRESS

**901 S. Conkling St.**

VS 150

19510007200

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

October 17, 1951

U.S. DEPARTMENT OF THE ARMY

Fort Monmouth, New Jersey

Bellevue

Fort Monmouth, New Jersey

Dear Sir:

Reference is made to your letter of October 17, 1951.

Enclosed for you are two copies of the report of the

Medical Board.

Very truly yours,

John H. ...

Director, Medical Service

Bellevue

Very truly yours,

John H. ...

Enclosed for you are two copies of the report of the

Medical Board.

Very truly yours,

John H. ...

Very truly yours,

John H. ...

Very truly yours,

John H. ...

Very truly yours,

John H. ...

Very truly yours,

John H. ...

Very truly yours,

John H. ...

Very truly yours,

John H. ...

Very truly yours,

John H. ...

Very truly yours,

John H. ...

Very truly yours,

W 452  
51 7977BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7977  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Sama Jane Williams

2. DATE  
OF  
DEATH

9/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1406 Argyle Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

C. CITY OR TOWN

Baltimore Md 1406

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1406 Argyle Ave

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov 9 1881

9. AGE (In years)

69

10. Under 1 Year

Months

11. Under 24 Hours

Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State and country)

Pocomoke City Md U.S.A

13. FATHER'S NAME

James Bailey

14. MOTHER'S MAIDEN NAME

Mary Sydnor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(If no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

E. J. Williams 1406 Argyle Ave

18.

593 X 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day

?

?

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 9, 1951 to Sept 10 1951, that I last saw the deceased alive on Sept 10 1951 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Royberry M.D.

23B. ADDRESS

1420 E. Chase

23C. DATE SIGNED

9-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept 15 1951

Mt Calvary Cemetery

C.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

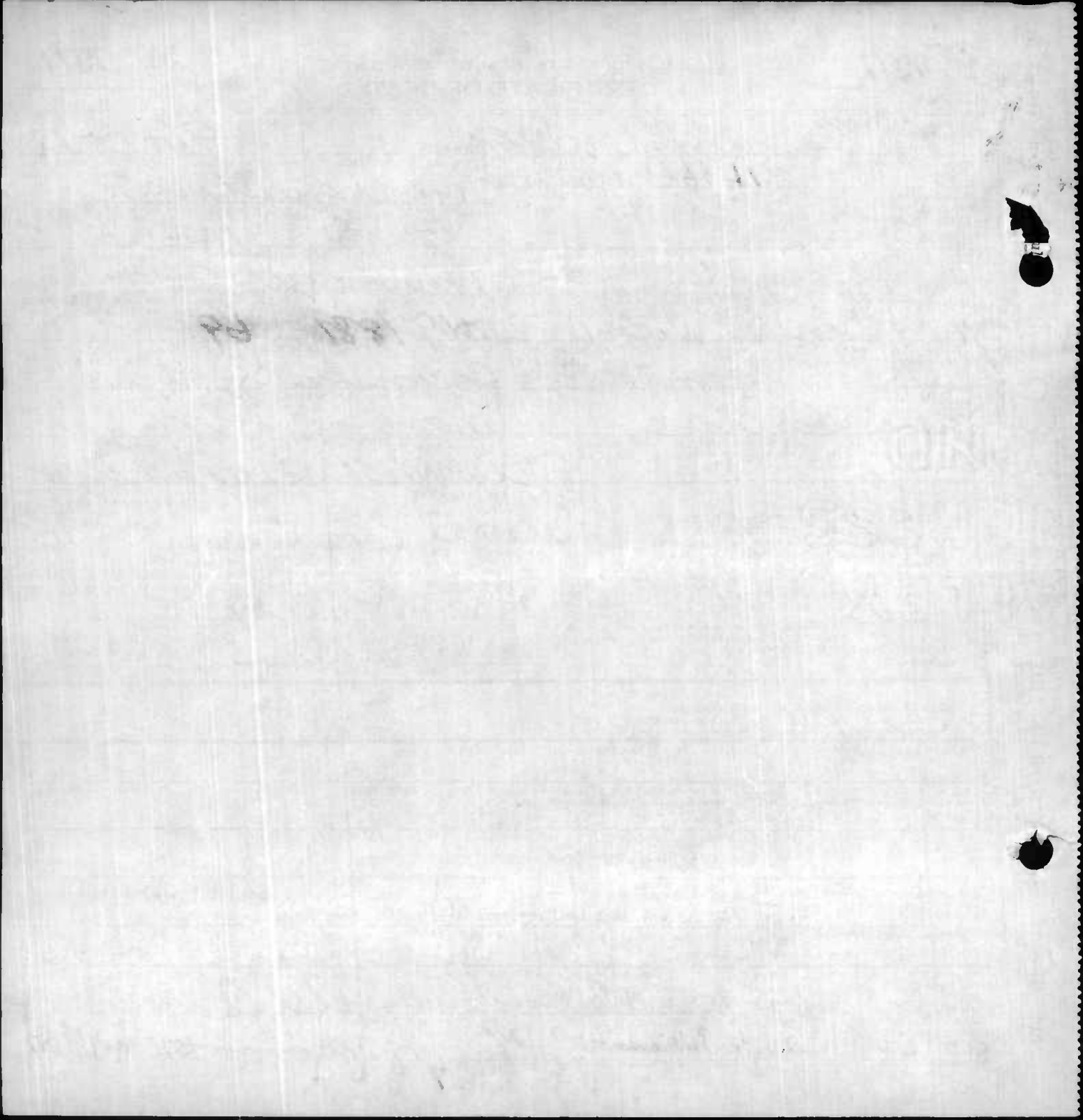
SEP 14 1951

Lester Williams

Patricia Williams

1515 Meildorf





S-630  
51 7978

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7978

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WURG. R. SHORT

2. DATE  
OF  
DEATH

Sept 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

719 McHENRY ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

67 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

719 McHenry St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

SEPT 16, 1883

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

W. B. & H. RR

10B. KIND OF BUSINESS OR INDUSTRY

Rock Road

11. BIRTHPLACE (State or foreign country)

Anne Arundel County, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Lodge Lerine Clark

14. MOTHER'S MAIDEN NAME

Anna Ann Knock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Pharo Lowman 719 McHenry St

ADDRESS

18.

154X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Emaciation, marked

INTERVAL BETWEEN ONSET AND DEATH

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Advanced Carcinoma of rectum 2 1/2 yr

(C)

with metastasis to liver and lungs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of rectum.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19, to Sept 12, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

A. Campbell M.D.

23B. ADDRESS

642 Wash. St

23C. DATE SIGNED

9-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

9-15-51

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Fredrick Rd

24D. LOCATION (City, town, or county)

2nd

DATE RECEIVED BY LOCAL REGISTRAR

SEP 14 1951

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

W. J. Chauskas, 708 McHenry St

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7979

M 360  
51 7979

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward G. Motter

2. DATE  
OF  
DEATH 9.13.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

2749 W. Lafayette Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2749 W. Lafayette Ave.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5.1.1872

9. AGE (In years  
last birthday)

78

10. Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Plasterer

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Emmitsburg Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Lelia Heying 2749 W. Lafayette Ave

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

12 hours

DUE TO

Generalized atherosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic type heart disease with  
conduction system pathology and congestive failure.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from June 15th, 1951 to Sept. 13, 1951 that I last saw the  
deceased alive on Sept. 13, 1951 and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Michel

23B. ADDRESS

1015 Poplar Grove St.

23C. DATE SIGNED

Sept. 13/1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9.17.51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 14 1951

REGISTRAR'S SIGNATURE

Wm. T. Stansbury

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

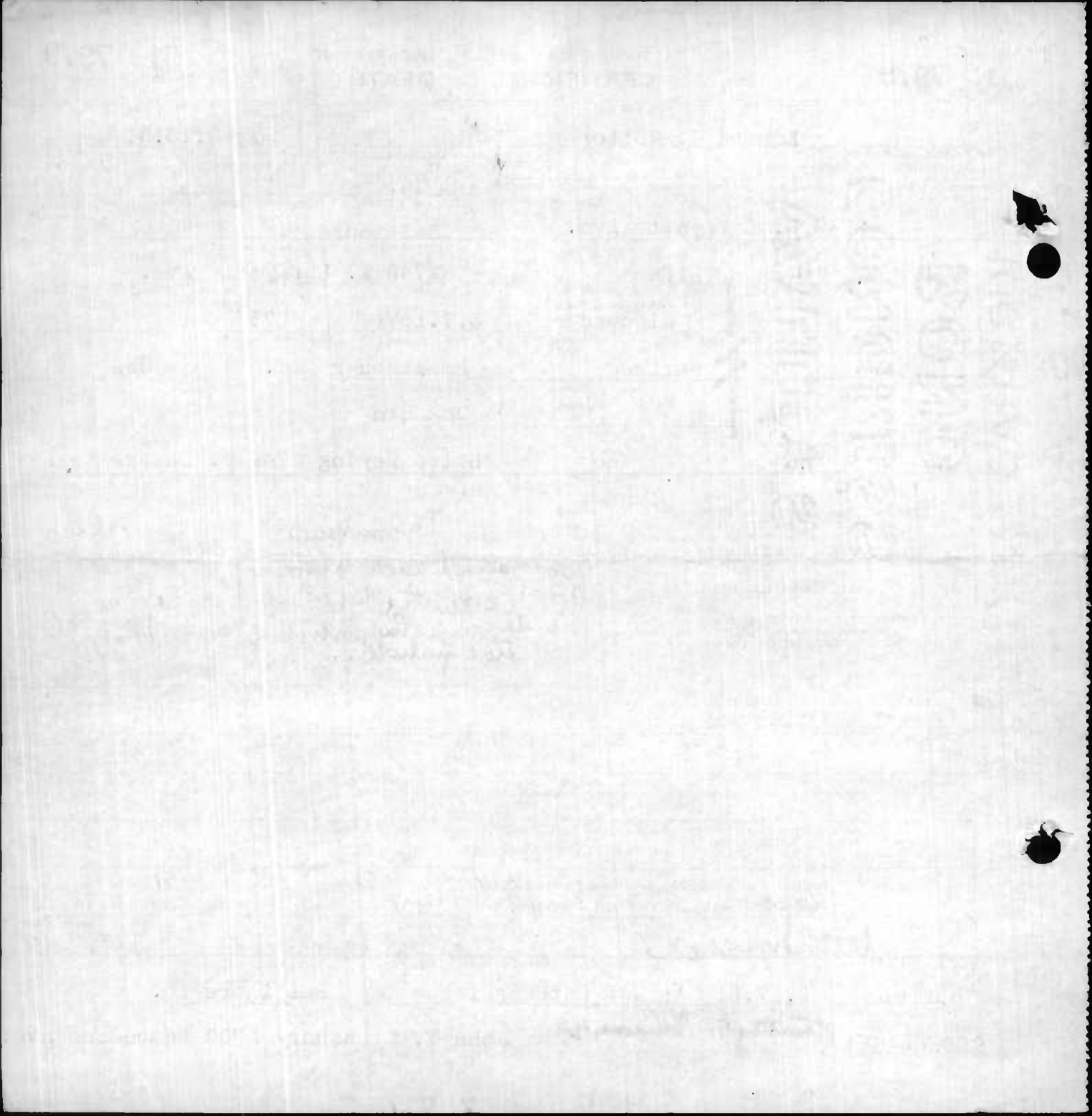
VS 150

93D

19510007063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The certificate should be applied.





G-630  
51 7980BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 7980  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Annie Garrett</i>			2. DATE OF DEATH <i>Sept. 13, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>April 6, 1874</i>	9. AGE (In years last birth day) <i>77</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>George Daniels</i>			14. MOTHER'S MAIDEN NAME <i>Lathemie Ferguson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Little Sisters of the Poor</i>			ADDRESS <i>1200 Valley St.</i>		
18. <i>4 yr. 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Myocarditis</i> (A) DUE TO <i>Arterio Sclerosis</i> (B) DUE TO (C) DUE TO					INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 1</i> , 1951, to <i>Sept 12</i> , 1951, that I last saw the deceased alive on <i>Sept 11</i> , 1951, and that death occurred at <i>12:46</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall Md.</i>		23B. ADDRESS <i>1631 E North Ave.</i>		23C. DATE SIGNED <i>Sept 13-1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-15-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>		ADDRESS <i>900 E. Biddle St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 14 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>			





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-656  
51 7981

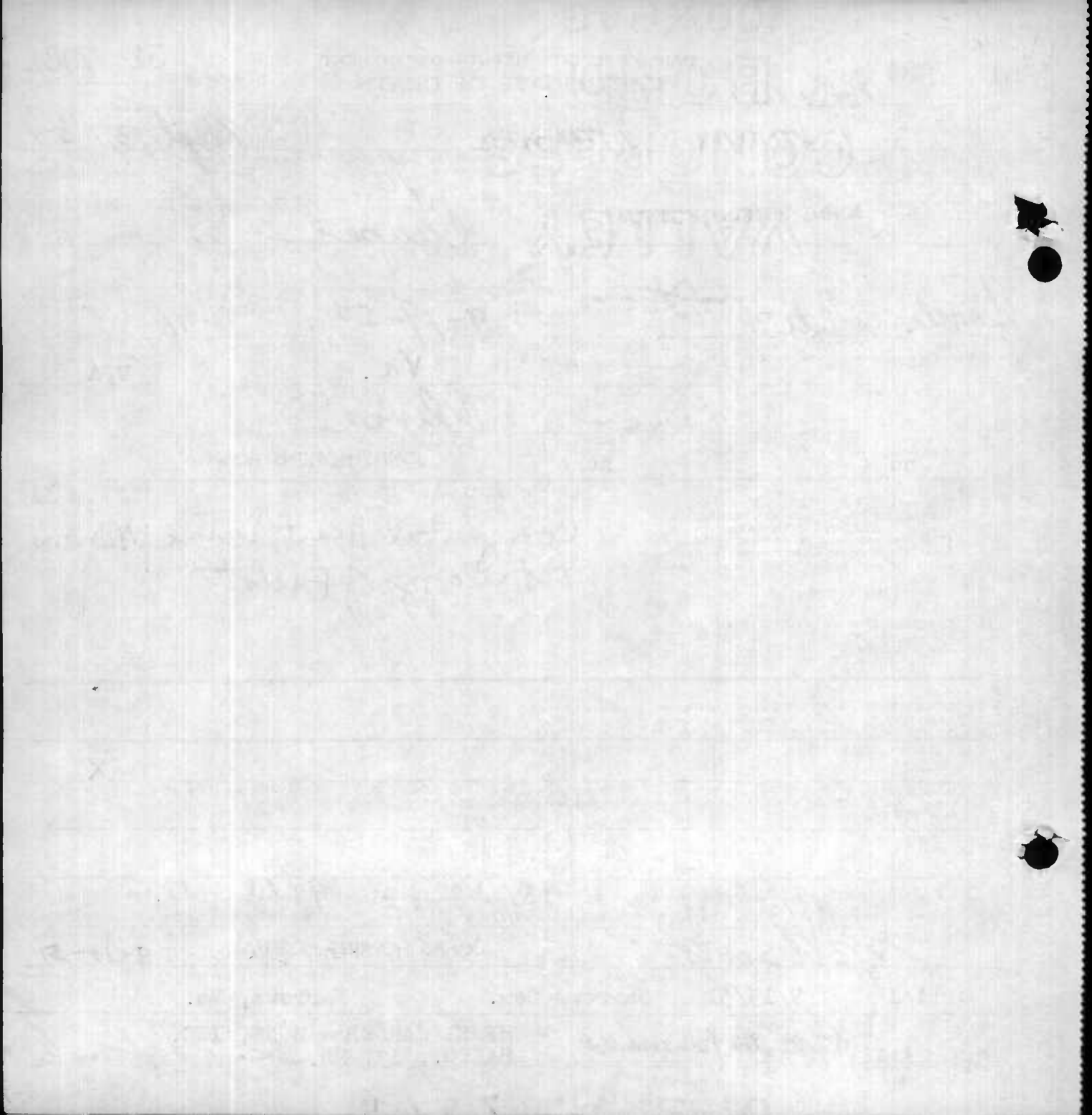
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7981

BIRTH NO. <i>Non Resident</i>		1. NAME OF DECEASED (Type or Print) <i>Karen Warner</i>		2. DATE OF DEATH <i>Sept. 13, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Va</i> B. COUNTY <i>V-43</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Chapel</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9-19-50</i>	9. AGE (in years last birthday) <i>11</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Warner</i>		14. MOTHER'S MAIDEN NAME <i>Olivia</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>754.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congenital Heart Disease</i> DUE TO <i>tetralogy of Fallot</i>		INTERVAL BETWEEN ONSET AND DEATH <i>11 mon</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>9/13/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/30/51</i> , to <i>9/13/51</i> , that I last saw the deceased alive on <i>9/13/51</i> , and that death occurred at <i>2 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>M. Scott</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>9-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>9/15/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Narrows Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Narrows, Va.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 14 1951</i>	REGISTRAR'S SIGNATURE <i>William M. Scott</i>	25. FUNERAL DIRECTOR <i>HENRY SANDER &amp; SONS, INC.</i>		ADDRESS <i>BALTO., 13, MD. 157E</i>	

VS 150

1751000706E



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7982

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Earl S. S. Gettier

2. DATE OF DEATH

Sept. 12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

728 Denison St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

728 Denison St

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 23, 1901

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railroad Clerk

10B. KIND OF BUSINESS OR INDUSTRY

B. &amp; O. R. R.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edmond Gettier

14. MOTHER'S MAIDEN NAME

Carrie Street

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

705 05 2640

17. INFORMANT

ADDRESS

Mrs. Ellen V. Gettier, 728 Deniso St

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Sept 12, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

E. C. O. las

23B. ADDRESS

477 - Fullan Ave.

23C. DATE SIGNED

9/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 15/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Pk.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

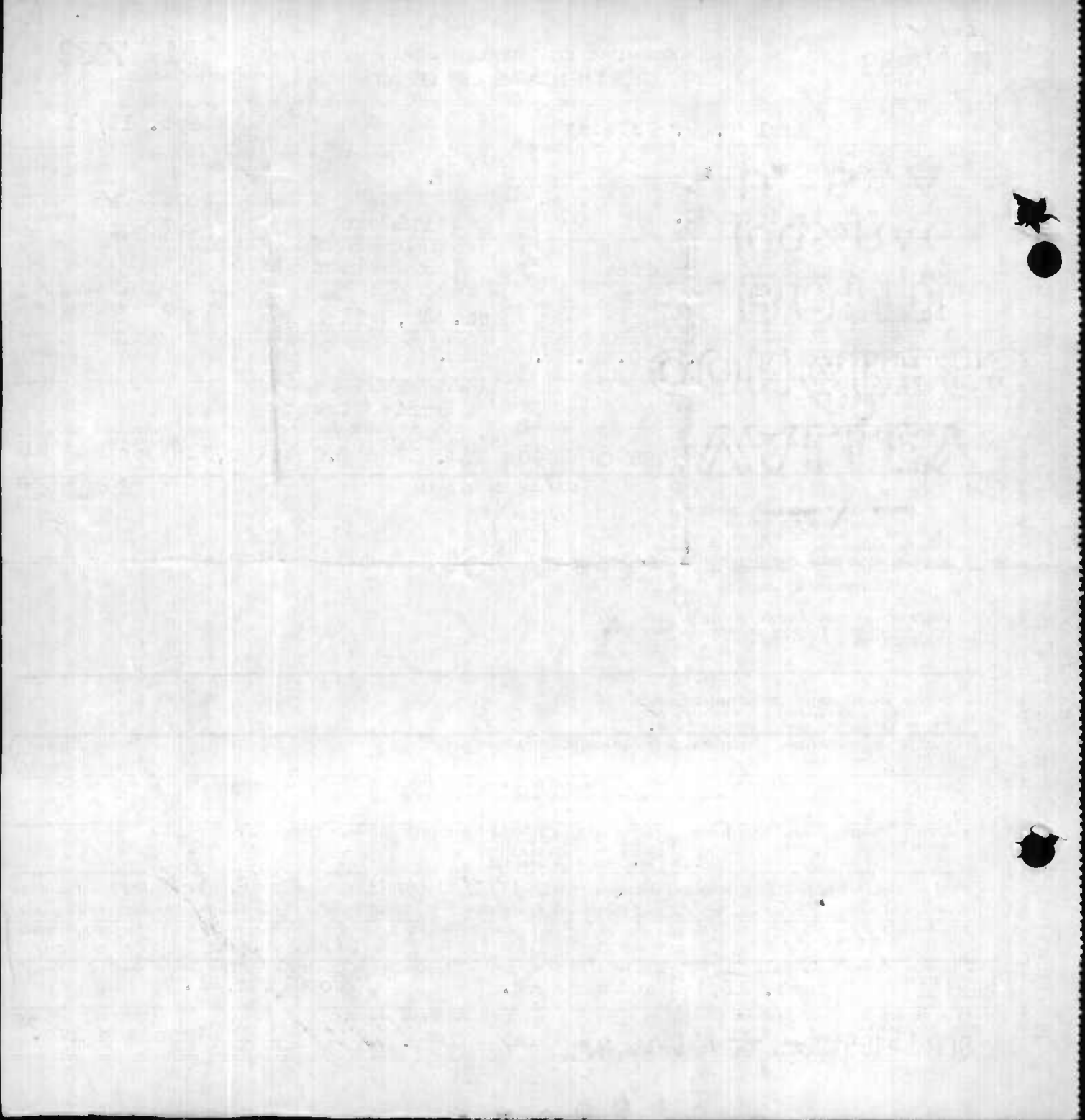
ADDRESS

SEP 15 1951

J. H. Williams, M.D.

Harry A. Witzke

4101 Edmondson Ave.



# Hospital Disposal

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

Registered No. **51 7983**BIRTH NO. **51-210520**1. NAME OF DECEASED  
(Type or Print) **Baby Girl Glasgow**2. DATE  
OF  
DEATH **Sept 6, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE **Md**

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION **JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN

(If outside corporate limits, write FULL name and give township)

D. STREET ADDRESS (If rural, give location)

**1522 N. Caroline St**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
**JOHNS HOPKINS HOSPITAL**

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., home, or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/5**, 19**51**, to **9/6**, 19**51**, that I last saw the  
deceased alive on **9/6**, 19**51**, and that death occurred at **3** p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

**JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED

**9-7-51**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 15 1951****Wilmington Williams, Md****19510007967****159**



WINTER  
1943-44



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 7984

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 8-26-1951 to 8-31-1951, that I last saw the  
deceased alive on 8-31-1951, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1951

VS 150

19510007960

159



10-7

(K-100-1000)

1000

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7985

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Burton

2. DATE OF DEATH September 5, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

20 Years

D. STREET ADDRESS (If rural, give location)

2702 Fisk Rd. 25

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

September 5, 1951

9. AGE (In years last birthday)

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jasper Burton

14. MOTHER'S MAIDEN NAME

Mary Pindell

(179165)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-5---, 1951 to 9-5---, 1951, that I last saw the deceased alive on 9-5---, 19 51, and that death occurred at 9:22A m., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corwin, Jr.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

9-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1951

Lester J. Williams, M.D.

Handwritten text, possibly a signature or date, appearing as "1900" or similar.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7986

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Boy

2. DATE  
OF  
DEATH

9/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1409 Tennent Way

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/5/51

9. AGE (in years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Edward Sheffield, Jr.

14. MOTHER'S MAIDEN NAME

Marie E. Schultz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) ASPIRATION PNEUMONIA

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1/2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PREMATURITY

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/5/51, 19\_\_, to 9/10/51, 19\_\_, that I last saw the deceased alive on 9/10/51, 19\_\_, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Sverin T. Golosnik

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

9/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Body Disposed of At Hospital

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1951

Huntington Williams, M.D.



10/10

10/10

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10/10

10/10

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7987

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>ANNA VICTORIA KANE</b>		2. DATE OF DEATH <b>Sept. 12, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital) or institution, give street address or location <b>4306 Maine Ave.</b>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>4306 Maine Avenue</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 24, 1859</b>
9. AGE (In years last birthday) <b>92</b>		10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>✓</b>	
13. FATHER'S NAME <b>Samuel Rankin</b>		14. MOTHER'S MAIDEN NAME <b>Mary Greene</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mr. Richard R. Kane - 5002 Norwood Ave.</b>		ADDRESS _____	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Cerebral Hemorrhage</b> DUE TO (B) <b>Broncho-Pneumonia</b> DUE TO (C) _____  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arterio-sclerotic Heart</b>	INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>  <b>7 days</b>  <b>10 yrs.</b>
--	--	--

19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1936, to Dec. 13, 1951, that I last saw the deceased alive on Sept 12 1951, and that death occurred at 12:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE <b>Earl L. Chambers</b>		23B. ADDRESS <b>4108 Liberty Hts C.</b>		23C. DATE SIGNED <b>9/14/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/15/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 15 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Dickner &amp; Sons - Balto., Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Balto., Md.</b>	
--	--	---	--	--	--

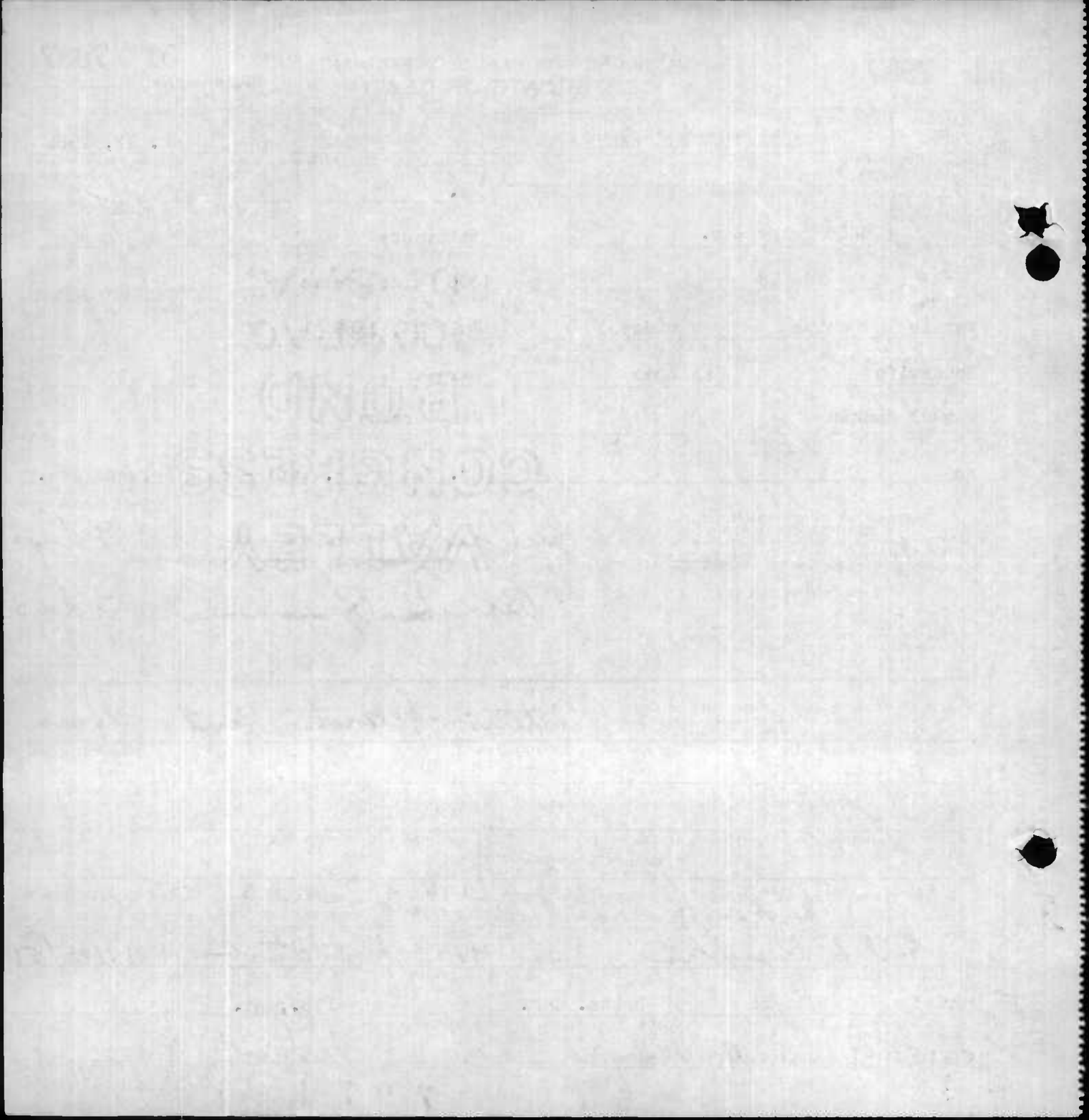
VS 150

1951 0207 97 1937 Balto., Md.

MARGIN RESERVED FOR CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-500  
51 7987



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7988

BIRTH NO. 460 51 7988		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 7988	
1. NAME OF DECEASED (Type or Print) <i>Mary Agnes Taylor</i>			2. DATE OF DEATH <i>Sept 13, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived if institution, residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>16-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>827 N. Arlington Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>2 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>827 N. Arlington Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 26, 1864</i>	9. AGE in years last birthday <i>87</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Essex Co. Va.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Richard Epps</i>			14. MOTHER'S MAIDEN NAME <i>Martha Ann Coleman</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs. Cedric Mills - 827 N. Arlington Ave</i>		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO (A) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>11 days</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>A H C V Disease</i> DUE TO (B) <i>A H C V Disease</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) <i>none</i>		
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 2</i> , 1951, to <i>Sept 12</i> , 1951, that I last saw the deceased alive on <i>Sept 13</i> , 1951, and that death occurred at <i>7:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>George McDonald</i>		23B. ADDRESS <i>844 Y Carey St</i>		23C. DATE SIGNED <i>9/15/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-17-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lion Hill Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Hartford, Conn.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 15 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Holland Funeral Home - 1631 Druid Hill Ave.</i>			

1891, 11/11

Very Good Paper

1891, 11/11

1891, 11/11

1891, 11/11

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1891, 11/11

1891, 11/11



G-416  
51 7989BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7989

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARCUS B Glover

2. DATE  
OF  
DEATH

SEP 15 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

BRUNSWICK  
1406 Lee St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Glover

MST. CAP.

14. MOTHER'S MAIDEN NAME

Stella Callaway

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

1-12 Hours Engr

251-67-5997

JOHNS HOPKINS HOSPITAL

18.

199.8

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 8-16-1951 to 9-15-1951, that I last saw the  
deceased alive on 9-15-1951, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Julius R. Kervans

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

9/15/51

Brunswick

Brunswick

Ga

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

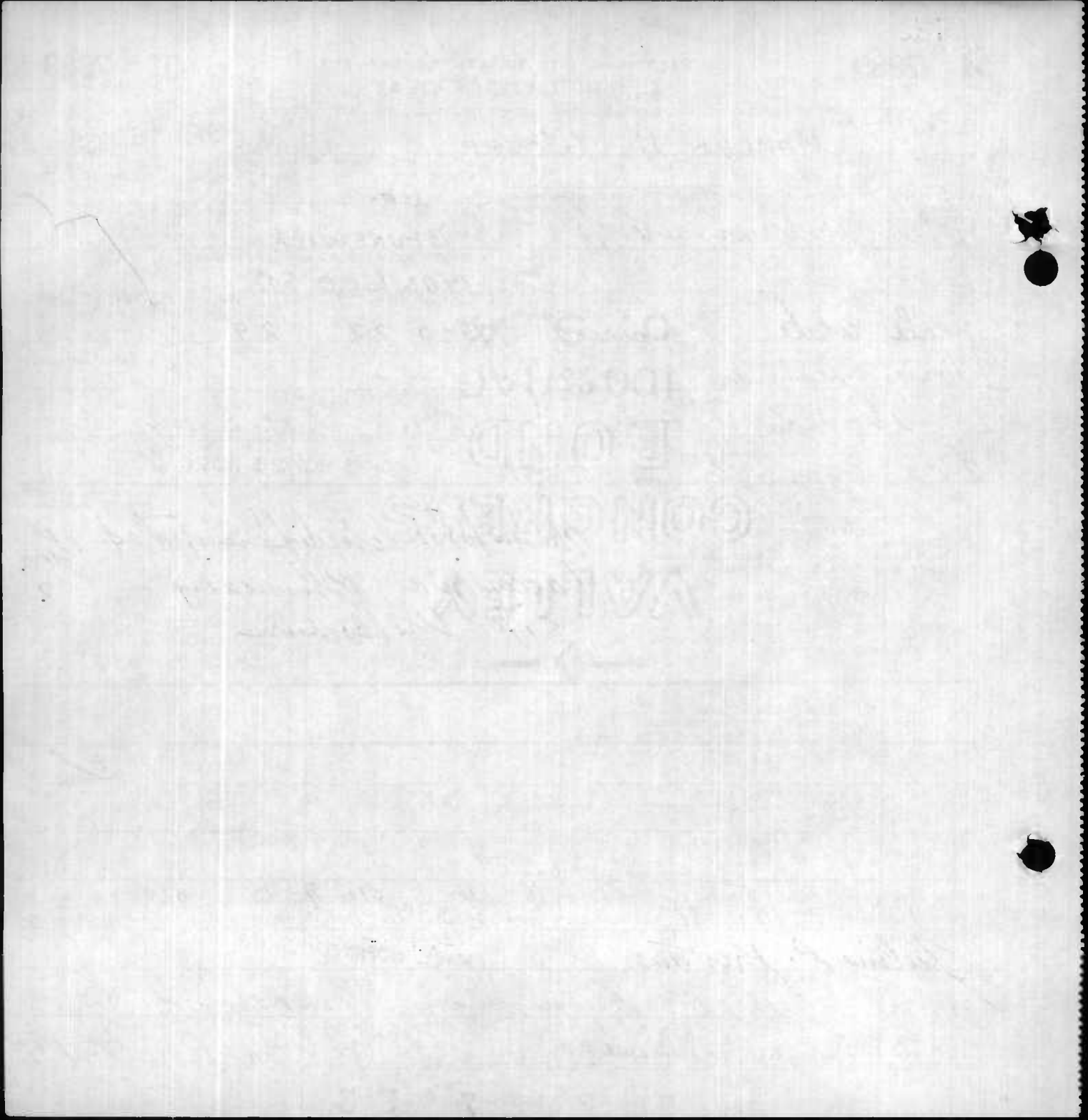
SEP 15 1951

T. J. Williams, M.D.

T. J. Williams, M.D.

1219 S. Paul St





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 7990

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Mary A. Downs</i>		2. DATE OF DEATH <i>9/13/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>734 S. Bond st.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 3-02</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>734 S. Bond st.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <i>Married</i>	8. DATE OF BIRTH <i>12/29/88.5</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years last birthday) <i>66</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Frank McKenna</i>		14. MOTHER'S MAIDEN NAME <i>Marie Coven斯基</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>John M. Downs</i>		ADDRESS <i>734 S. Bond st.</i>	

18. <i>725X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Coronary Decompensation</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) <i>Arteriosclerosis</i>
---	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 19 <i>51</i> , to <i>Sept</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Aug. 7/1951</i> , and that death occurred at <i>1:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Morris A. Jones</i>		23B. ADDRESS <i>116 B. B. B. B. B.</i>		23C. DATE SIGNED <i>9/14/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Carmel</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Wm. Cox, Inc 1217 St. Paul St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 15 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

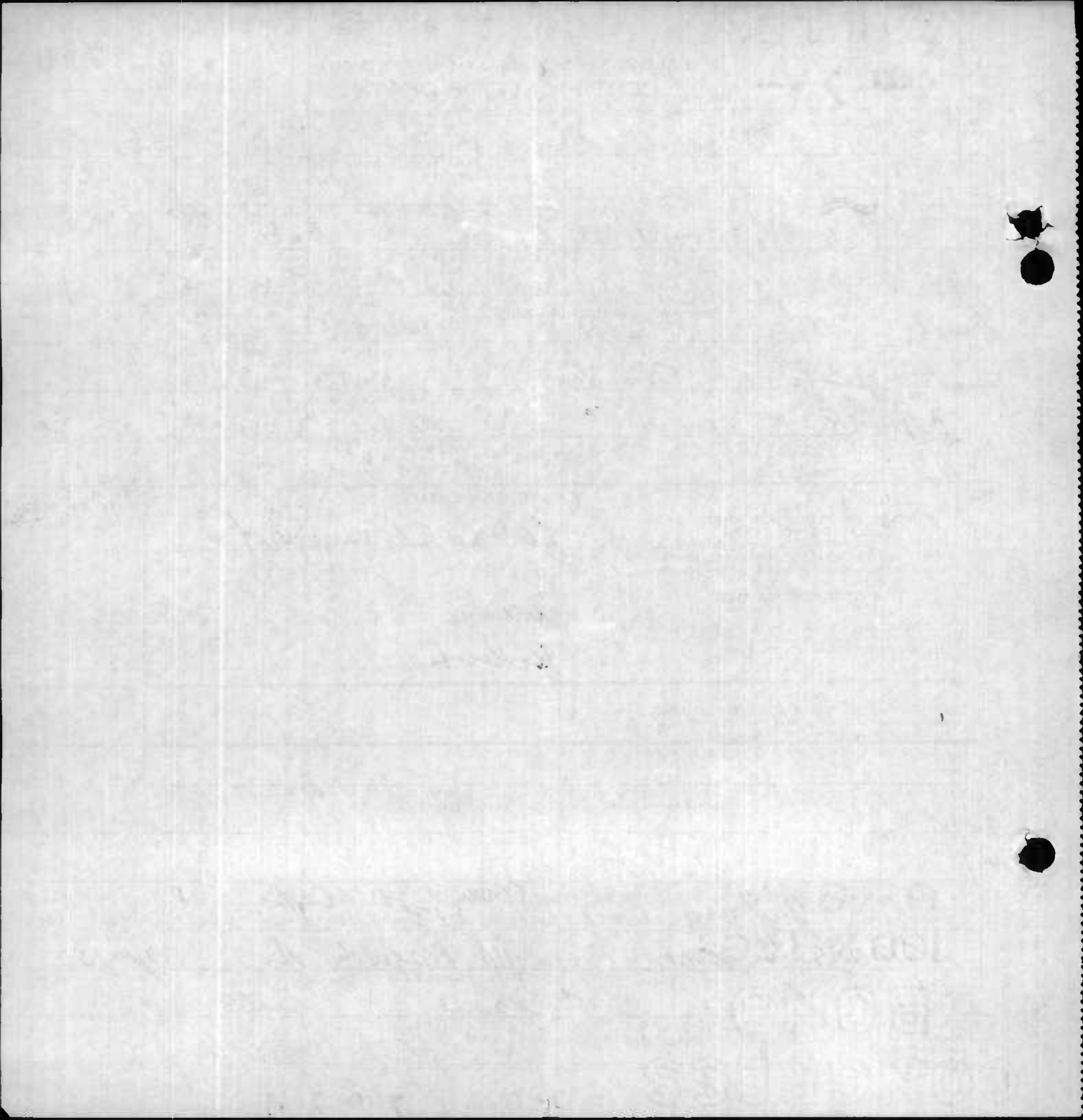
VS 150

19510007974

93c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7991

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Oscar Hulse

2. DATE  
OF  
DEATH

Sept. 13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4140 Mount Wood Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4140 Mount Wood Rd.

c. Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 29, 1874

9. AGE (In years last birthday)

77 yrs

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Musician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Hulse

14. MOTHER'S MAIDEN NAME

Sarah E. Hudson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Raymond O. Hulse, 4140 Mount Wood Rd

18.

334X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Senility - old age -

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Central Sclerosis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19 to 9/13, 1951, that I last saw the deceased alive on 9/12, 1951, and that death occurred at 11:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 17/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1951

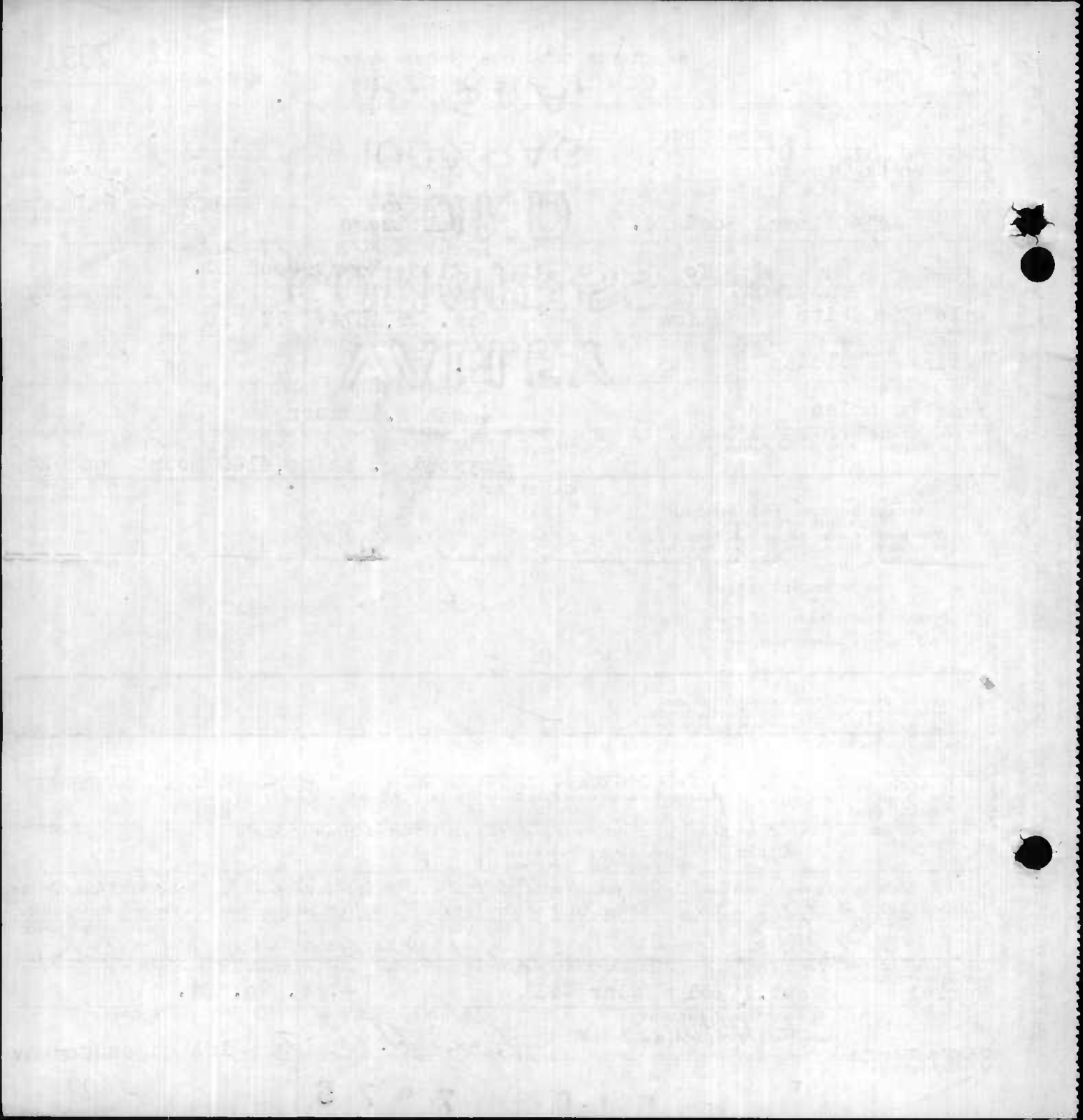
Wm. H. Williams, M.D.

Harry H. Witzke

4101 Edmondson Ave

19510207975

877



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7992  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George M. Hirst

2. DATE  
OF  
DEATH

13 Sept '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Md.

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
E. Glenburnie

D. STREET ADDRESS (If rural, give location)

100 Third Avenue

5200

c. Length of stay in Baltimore

8 days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec...19, 1886

9. AGE (In years last birthday)

64

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR INDUSTRY

Wien Thread Co.

11. BIRTHPLACE (State or foreign country)

Maine

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Hirst

14. MOTHER'S MAIDEN NAME

Mary Irving

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

216-09-2594

17. INFORMANT

Mrs. Edith K. Hirst

ADDRESS

Glen Burnie Md.

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Probable Coronary Occlusion

Interval between onset and death  
minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Infiltrating adenocarcinoma of transverse colon

(over)

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10 Sept '51

19B. MAJOR FINDINGS OF OPERATION

Tumor, transverse colon

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Sept, 1951, to 13 Sept, 1951, that I last saw the deceased alive on 13 Sept, 1951, and that death occurred at 2 P.m., from the causes and on the date stated above.

23A. SIGNATURE

L. H. Simmons

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

13 Sept '51

24A. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)

Burial

24B. DATE

9/27/51

24C. NAME OF CEMETERY OR CREMATORY

Forest Hills

24D. LOCATION (City, town, or county)

Boston, Mass.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Williams

25. FUNERAL DIRECTOR

R. V. Singleton, Glen Burnie

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



See Document File 51-7992  
9/25/51 ES

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 7993

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edmond Burrell

2. DATE  
OF  
DEATH

9-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2102 Cold Spring Lane

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

Bar-Wil-Ba Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

453 E. 23 rd. Street

C. Length of stay in Baltimore

50 Years

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August 15, 1869

9. AGE (in years  
last birthday)

82

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR  
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Andrew J. Burrell

14. MOTHER'S MAIDEN NAME

Rena Burrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

-

(If yes, give war or dates of service)

-

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Lillian Garrett 453 E. 23rd Street

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Myocardial Infarction

Coronary Artery Disease

Hypertension

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947, to 9-11-51, that I last saw the  
deceased alive on 9-11-51, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Butler

M. D.

23B. ADDRESS

2033 Sand Hill Rd

23C. DATE SIGNED

9/15/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-15-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A. A. County

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders 217 E. Preston St.

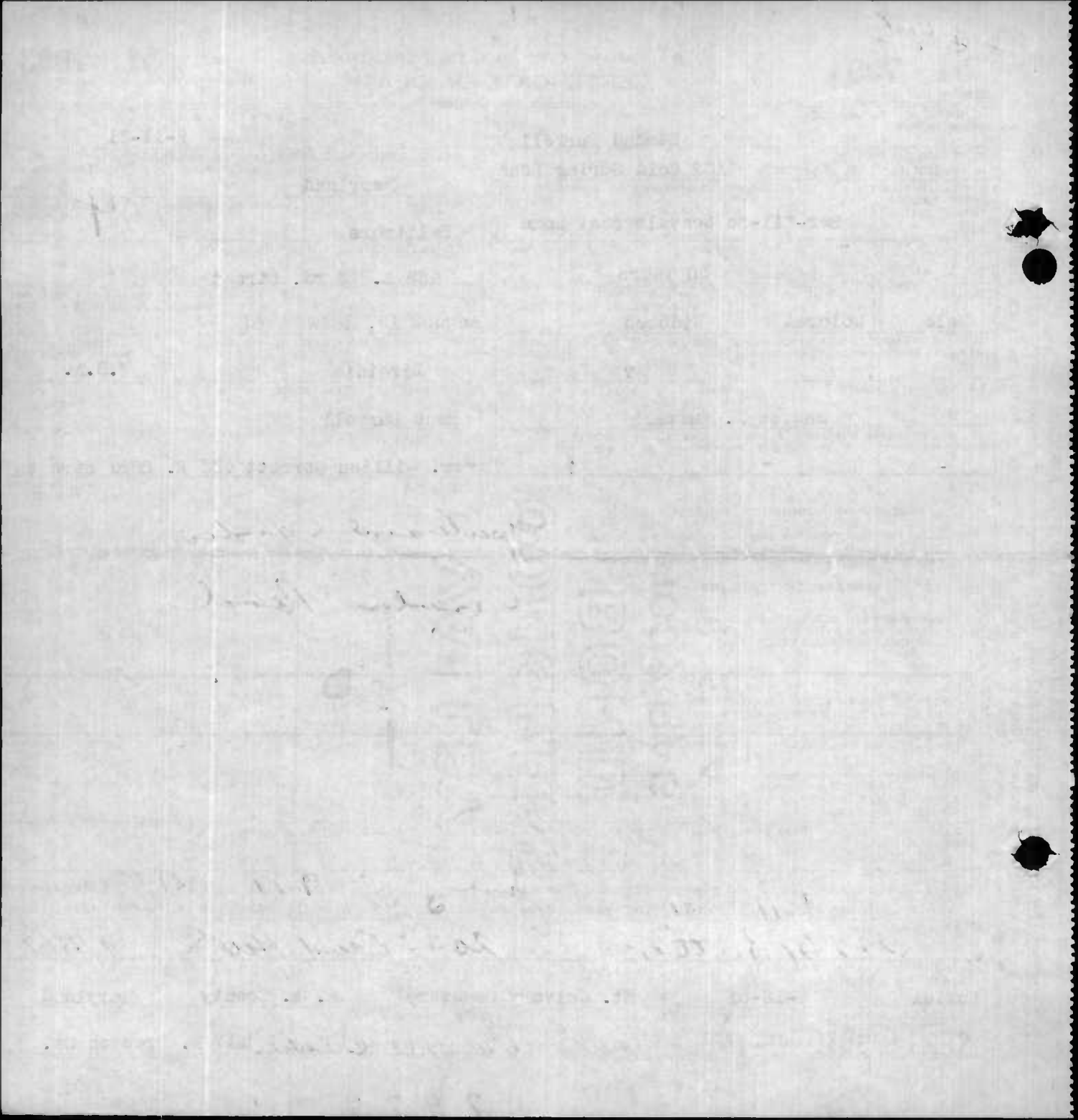
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131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100  
51 7994

EDWARD CAVY  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 7994

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Edward CAVY		9.13.51	
3. PLACE OF DEATH:		USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY			
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		Baltimore 4-02			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		755 W. + YAZETTE ST			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
M.	W.	S.	2.2.1882	69	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Telegraph Op.		Brock		Md.	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?			
Robert					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Family - Same	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Acute Cardiac Disturbance				2 days	
ANTECEDENT CAUSES		(B) Cardio-vascular Disease		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan, 1949 to Sept 13, 1951, that I last saw the deceased alive on Sept 13, 1951, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Harry Glassman M. D.		2687 Hopkins Ave		Sept 13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
B3.		9.13.51		St. Johns	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Ellieott City		J. L. C. C. C.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
SEP 15 1951		J. L. C. C. C.			

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM

WATERS

2. DATE  
OF  
DEATH

September 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Marine Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

220 Madison Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 9, 1900

9. AGE (In years  
last birthday)

51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR  
INDUSTRY

General

11. BIRTHPLACE (State or foreign country)

Cambridge, Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John W. Waters

14. MOTHER'S MAIDEN NAME

Grace Camper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

W. W. #1

16. SOCIAL  
SECURITY NO.

157-01-2356

17. INFORMANT

ADDRESS

Mrs. Dillittia Pinn - 2020 Madison Ave

18. E 978 X, and 144 X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Multiple fractures

DOE X

ANTECEDENT CAUSES

(B) Internal injuries

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Squamous carcinoma of mouth

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Marine Hospital, Wyman Park Drive

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9/13/51 5:35 p.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Jumped from 5th floor window to ground

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stonley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

9/14/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-17-1951

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat'l Cem

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home 1631 Druid Hill

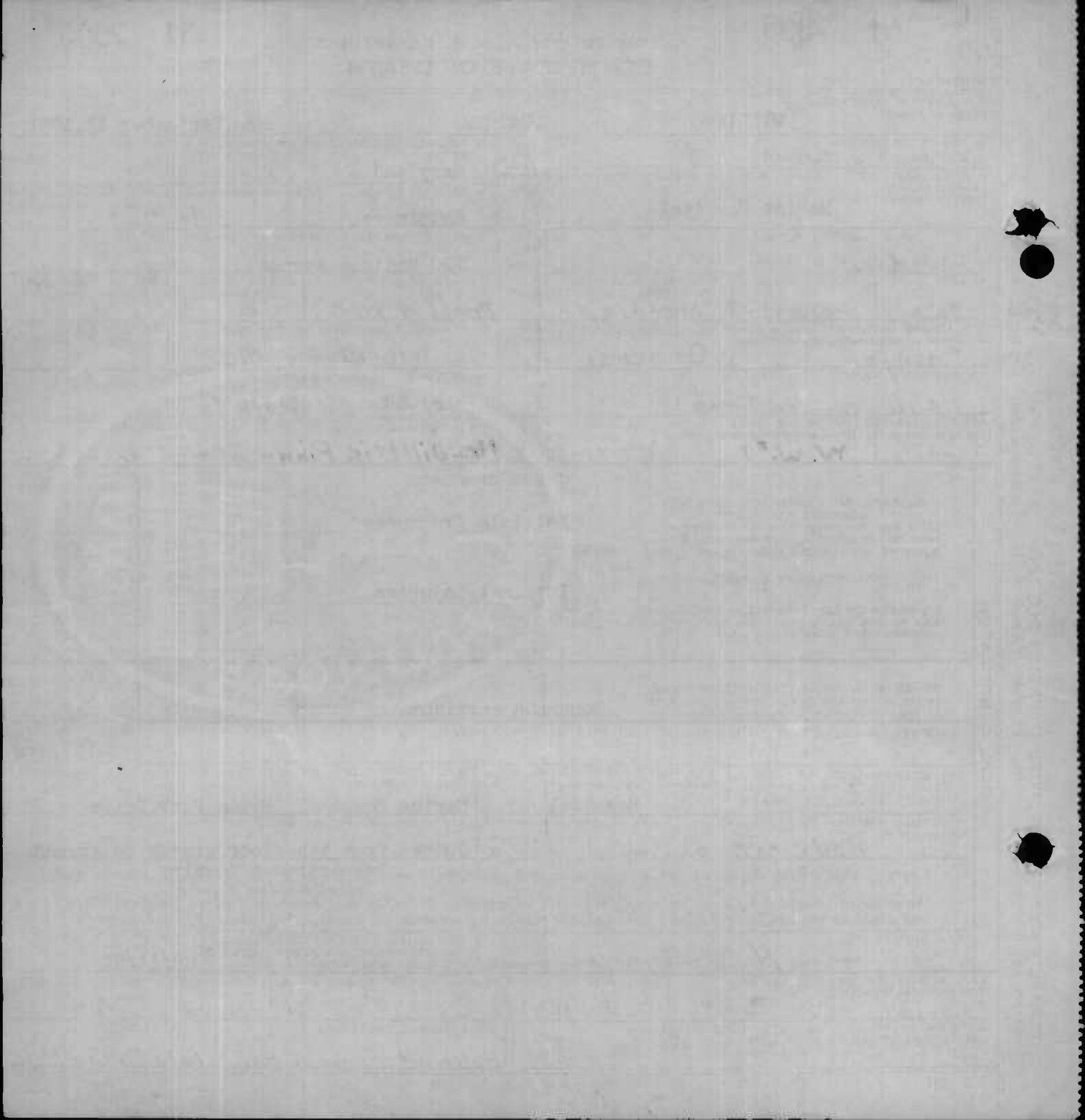
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56424

164 E Ave





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**JULIUS**

**NANCE**

2. DATE  
OF  
DEATH

**September 12, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1213 Madison Avenue**

C. Length of stay in Baltimore

**10 YRS.**

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**July 14, 1908**

9. AGE (In years last birthday)

**43 yrs.**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**Sparrows Point**

11. BIRTHPLACE (State or foreign country)

**Chalbourne, N. C.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Samuel Nance**

14. MOTHER'S MAIDEN NAME

**Eliza Gowans**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**212-12-2723**

17. INFORMANT

ADDRESS

**Roscoe Nance-1628 Droid Hill Ave.**

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Far advanced pulmonary tuberculosis**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**William C. Lovett**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**Sept. 13, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9-16-1951**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Auburn Cem.**

24D. LOCATION (City, town, or county)

**Balto.**

(State)

**Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**William C. Lovett**

25. FUNERAL DIRECTOR

ADDRESS

**Holland Funeral Home-1631 Droid Hill**

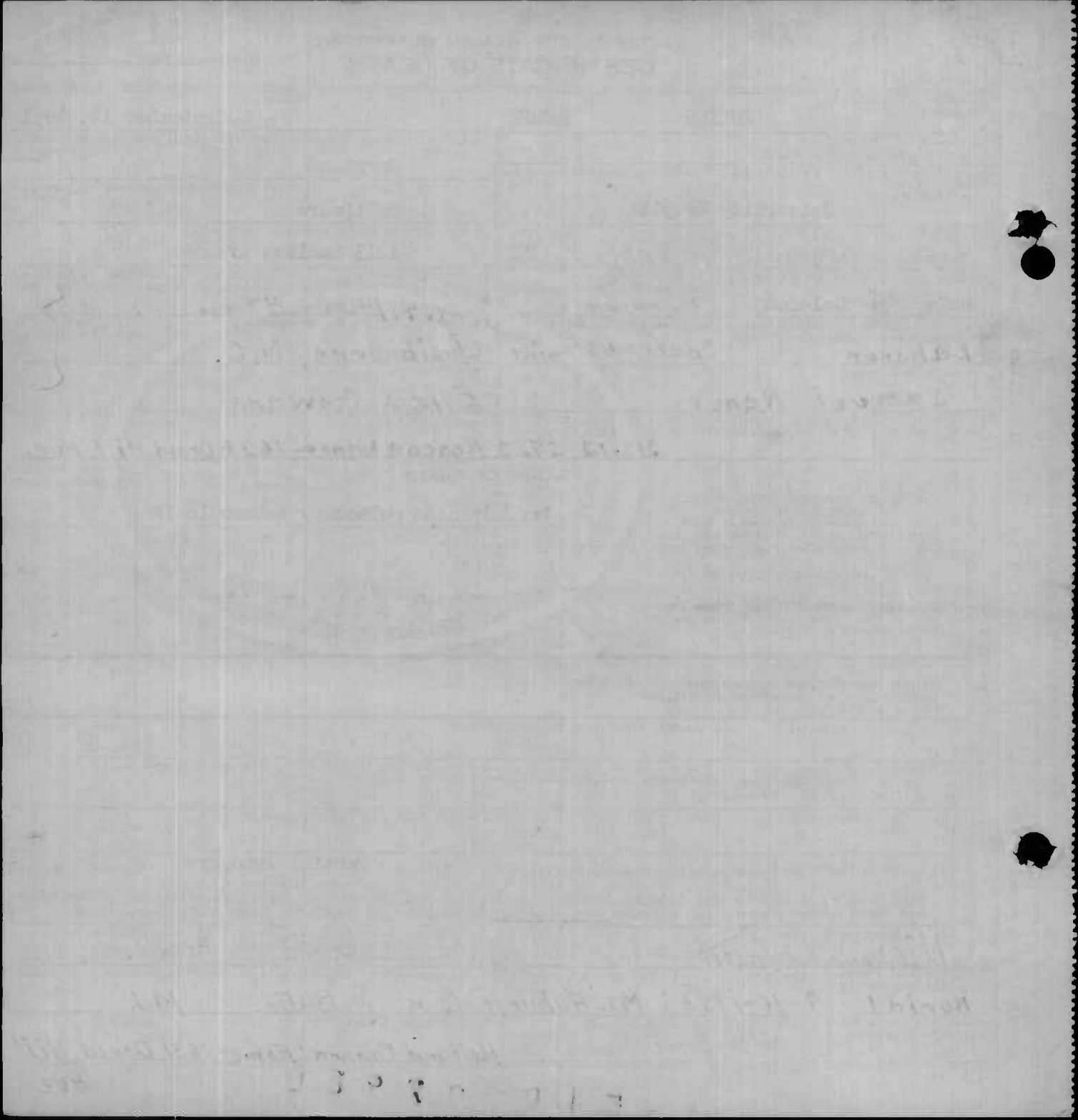
VS 151

**87030 07080 13B Ave**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING



51 7997

51 7997

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph HAIRSTON

2. DATE  
OF  
DEATH

SEPT 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-25

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION location)

Johns Hopkins Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

6327 Smiths Ct.

C. Length of stay in Baltimore

9 yrs

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

MARRIED

8. DATE OF BIRTH

8-18-87

9. AGE (In years  
last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR  
INDUSTRY

Apartment House

11. BIRTHPLACE (State or foreign country)

Roanoke, Va

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Joseph Hairston

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Verleaner Hairston

ADDRESS  
6327 Smiths Ct.  
GAYNES

18. 260-X and 151X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Gas gangrene, left thigh  
and abdominal wallINTERVAL BETWEEN  
ONSET AND DEATH

11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Supracondylar amputation, left  
arm

20 days

(C) Dry gangrene 2° to antenatal embolus

21 days

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Debiliter meclitica  
hemiplegia, left  
Carcinoma of stomach

19A. DATE OF OPERATION

9-1-51

19B. MAJOR FINDINGS OF OPERATION

gas gangrene, left leg + abdominal wall

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-1951, to 9-13-1951, that I last saw the  
deceased alive on 9-13-1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Kenneth M. Cole Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-13-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-17-1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 16 1951

REGISTRAR'S SIGNATURE

T. W. Williams

25. FUNERAL DIRECTOR

Holland Funeral Home - 1631 Pruid Hill Ave.

ADDRESS

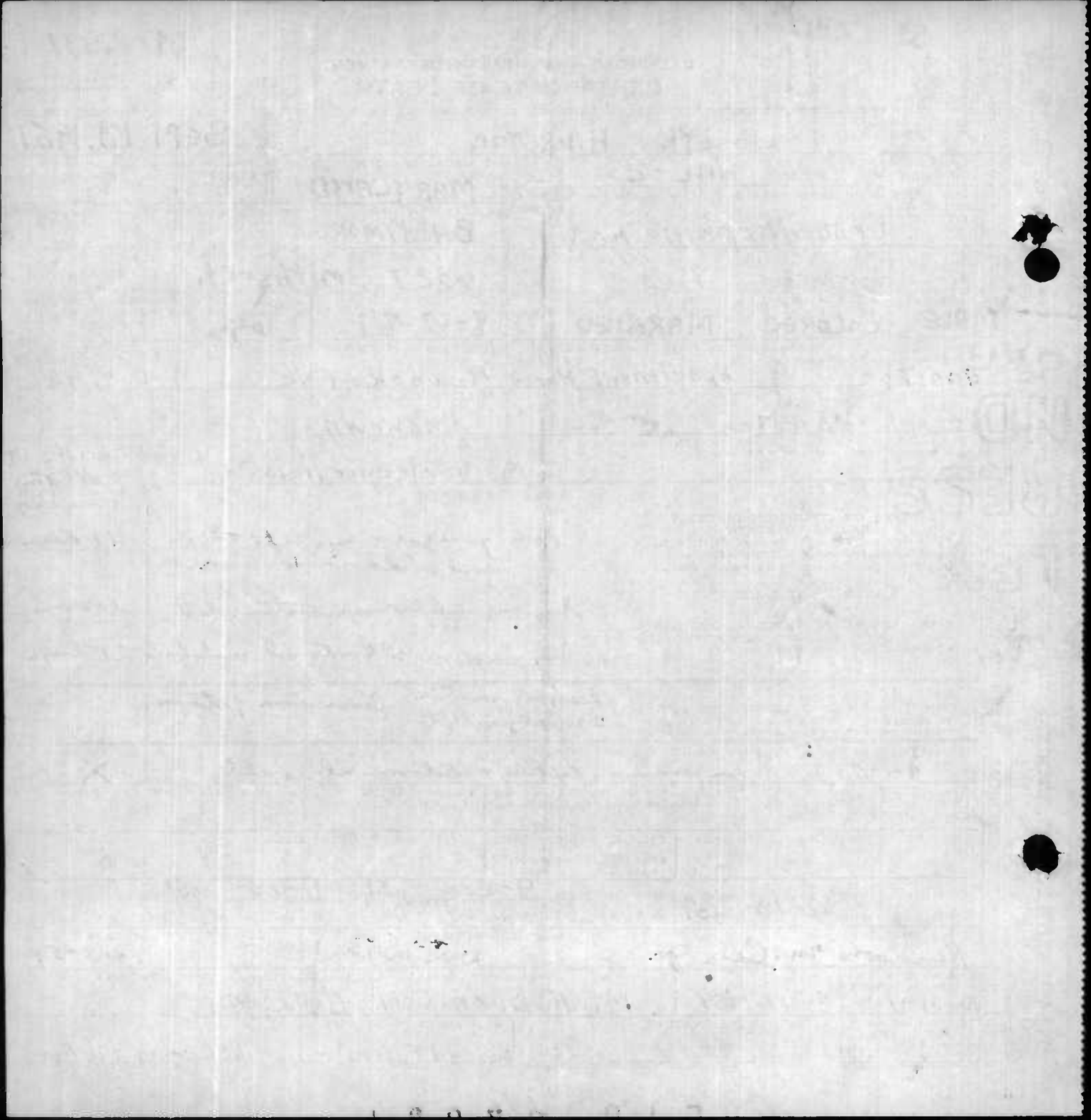
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 7998

51 7998

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Richard Smith

2. DATE  
OF  
DEATH

9/15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

38

University Hospital

(If not in hospital or institution, give street address or location)

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore City

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

27-38

D. STREET ADDRESS (If rural, give location)

6140 Macbeth Drive

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1884

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired R. K.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Solomon Smith

14. MOTHER'S MAIDEN NAME

Nancy Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife

ADDRESS

Same

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

CAUSE OF DEATH

Respiratory Failure

Cardiac Failure

Carcinoma of Esophagus

INTERVAL BETWEEN ONSET AND DEATH

Known 3 hrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/12 1951, to 9/15 1951, that I last saw the deceased alive on 9/15 1951, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. D. Richardson

23B. ADDRESS

Un. Hosp

23C. DATE SIGNED

9/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 18/51

24C. NAME OF CEMETERY OR CREMATORY

Park Heights

24D. LOCATION (City, town, or county)

Brunswick Md

DATE RECEIVED BY LOCAL REGISTRAR

SEP 16 1951

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

C. A. Zeile + Bro Brunswick Md

ADDRESS

VS 150

97050

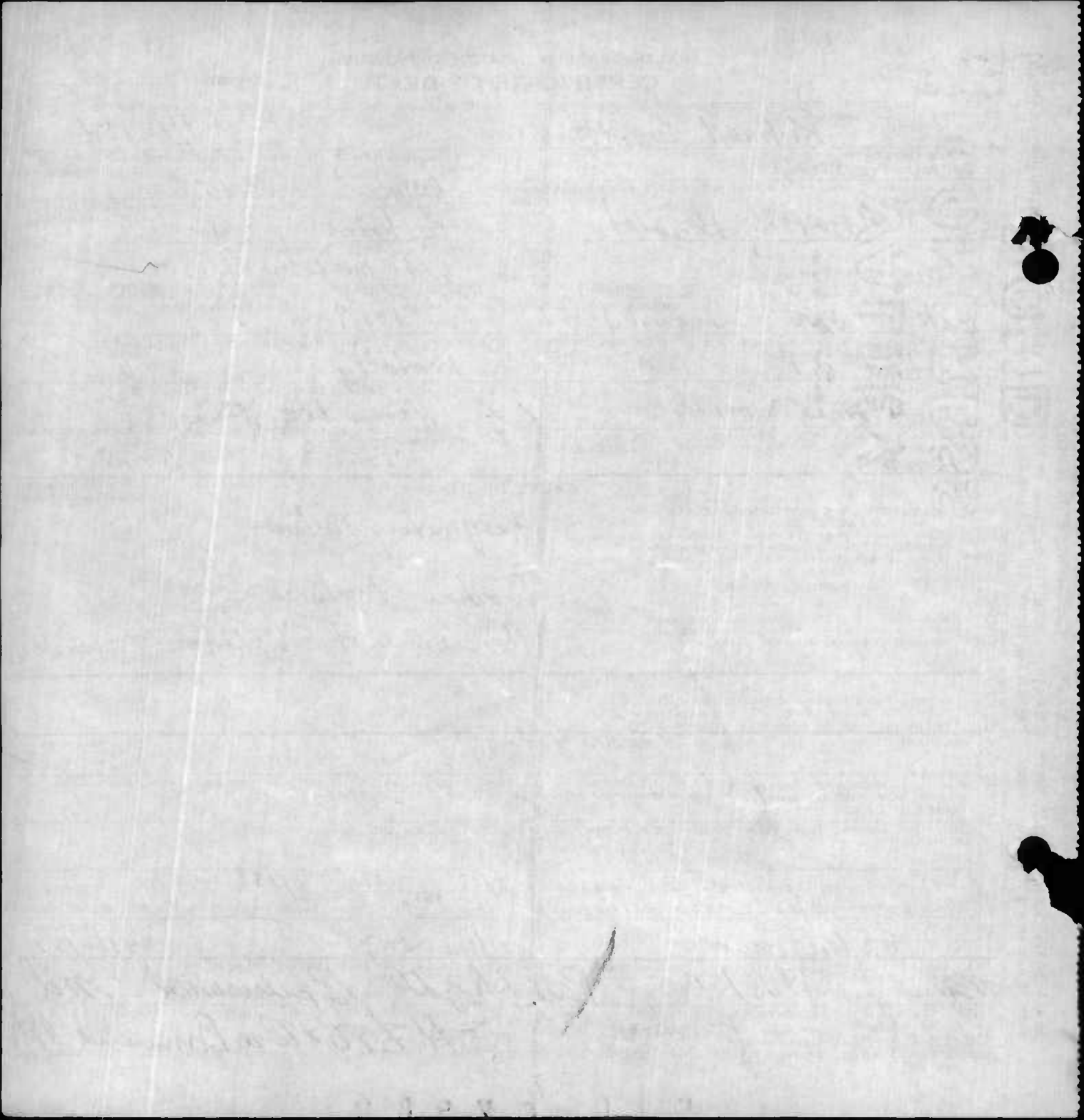
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Williams, MARTIN L.

2. DATE  
OF  
DEATH

9-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bays

D. STREET ADDRESS (If rural, give location)

15 S. Carrollton

CARLTON

c. Length of stay in Baltimore

61yr

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

DIVORCED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Lunch room

13. FATHER'S NAME

Unknown Columbus Williams

11. BIRTHPLACE (State or foreign country)

Md., Frederick County

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown Margaret Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown No -

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Chas. Williams Mount Airy Md

18.

451X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) aneurysm, descending aorta, c  
rupture into Esophagus plus  
massive B-I. embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Generalized arteriosclerosis

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

?

?

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-12, 1951, to 9-13, 1951, that I last saw the deceased alive on 9-13, 1951, and that death occurred at 4:53 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Sindelar M.D.

23B. ADDRESS

21. S. 1600

23C. DATE SIGNED

9-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1951

T. J. Williams, M.D.

Chas. E. Hicks, Frederick

STATE OF TEXAS

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]*



PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

400

51 8000

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8000

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MR. MATTHEW J. DOYLE JR.

2. DATE  
OF  
DEATH

9/14/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
a. STATE b. COUNTY before admission)

MARYLAND BALTO

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

ST. AGNES Hosp.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE CATONSVILLE

7. STREET ADDRESS (If rural, give location)

21 WINTERS AVENUE Rural

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

8. SEX

m

9. COLOR OR RACE

w

10. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

11. DATE OF BIRTH

8-24-1901

12. AGE (In years  
last birthday)

50

13. Under 1 Year  
Months: Days

14. Under 24 Hours  
Hours: Min.

15A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MACHINIST

15B. KIND OF BUSINESS OR  
INDUSTRY

DO NOT CORP.

16. BIRTHPLACE (State or foreign country)

MD.

17. CITIZEN OF  
WHAT COUNTRY?

USA.

18. FATHER'S NAME

MATTHEW DOYLE SR.

19. MOTHER'S MAIDEN NAME

Catherine Leclerc

20. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

21. SOCIAL  
SECURITY NO.

22. INFORMANT

ADDRESS

Mrs. Matthew J. Doyle Jr.

23.

162X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

BRONCHOGENIC  
CARCINOMA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY?

YES ☐ NO ☒

27A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

27B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

27C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

28D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

28E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

28F. HOW DID INJURY OCCUR?

29. I hereby certify that I attended the deceased from 8-16, 1951, to 9-14, 1951, that I last saw the  
deceased alive on 9-14, 1951, and that death occurred at 12:45 AM, from the causes and on the date stated above.

30A. SIGNATURE

30B. ADDRESS

30C. DATE SIGNED

Harry L. Lipp M. D.

St. Agnes Hosp.

9/14/51

31A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

31B. DATE

31C. NAME OF CEMETERY OR CREMATORY

31D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

32. FUNERAL DIRECTOR

ADDRESS

SEP 16 1951

Wilmington Williams, M.D.

Mac Nabb & Son

VS 150

54444 Catonsville 20 47c

NOTE

AW 1013

1013

